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North Riding of Yorkshire County Council

ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH.

1945.



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INTRODUCTION.

To the Members of the North Riding of Yorkshire County Council.

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to submit my annual report on the public health services of the County Council for the year 1945. For the first time since 1938 it is possible to publish full statistical tables showing the position in the thirty-four county districts; the only exception is that in general sanitary matters the non-receipt of reports from certain part-time medical officers of health makes it impossible to give a full picture of the general sanitary circumstances of the Riding. This report, read in conjunction with my annual report for 1945 as County School Medical Officer, will give the reader comprehensive information regarding the various activities of the county health department.

The principal developments which took place during the year under review were the establishment of a county maternity home at Mount Pleasant, Northallerton (30 beds) in the building previously used as an emergency maternity home: the opening of a smaller unit in the infirmary of the public assistance institution at Guisborough: the setting up of a rural housing advisory committee, fully representative of all the rural district councils in the Riding and the County Council and the appointment by the latter of a special committee to deal with rural water supplies and sewerage schemes. In addition, the formal steps necessary to set up a cancer organisation for Northern England, comprising representatives of the four county councils, of the nine county borough councils situated therein, of the University of Durham and of the principal hospitals concerned, were taken: subsequently, a director and other staff were appointed.

Unfortunately, the infantile mortality rate, which reached a record low figure in 1944, rose by a quarter in 1945; the official figures supplied by the Registrar General from death certificates would seem to show that there was a considerable increase in congenital malformations and allied conditions. Recent reports in the professional press suggest that rubella (German measles), hitherto dismissed as a trifling disease, has serious effects on the unborn baby when an expectant woman is afflicted by it: obviously, here is a subject for future research.

The termination of hostilities in Europe in May and in the Pacific in August will fix 1945 as a memorable year: in the sphere of international health services, too, the organisation to be known as The United Nations Food and Agriculture Organisation, first took shape; on the success of its future policy and the co-operation of the nations of the world depends the life and the health of millions all over the globe. The rationing schemes of the Ministry of Food in this country during the years 1939—1945 have contributed to a major extent in the maintenance of the general good health in spite of shortages, fatigue, enemy activities and the physical and psychological effects of the “black-out.”

The next few months are likely to be critical in the sphere of the organised medical and allied services. The hospitals, maternity homes, sanatoria and convalescent homes of England and Wales will probably be administered on a regional basis by nominees of the Minister of Health, and the local authorities and their officers will be left with all the environmental and a few of the domiciliary services, the "social medicine" of the future. The importance of preventive medicine, always the poor relation of the more spectacular curative medicine and surgery, will have to be emphasised again and again during the next few years, for otherwise the relative values will be lost in the greater news value of the therapeutic art. However, one hopes that it will be recognised that the future work of the County Council in its new guise of 'local health authority,' in safeguarding the health of the residents in the Riding by all possible administrative and educational means, is at least as important as that of the proposed new regional boards and executive councils, which will administer the hospitals and sanatoria, and the general practitioner services respectively. The functions of the health authorities will be to prevent, as far as is possible, persons falling sick and requiring the services of the other two bodies.

In conclusion, I would like to express my gratitude to the Chairman and members of the several committees of the County Council associated with the health services for their sympathetic support and in particular to County Alderman B. O. Davies, now Chairman of the County Council, to whom I am greatly indebted for his help so freely given during the last five years as Chairman of the Public Health Committee; to the members of the staff of the county health department, professional and clerical, for their loyal assistance; and to my colleagues in other departments for their helpful co-operation.

I have the honour to be,

Mr. Chairman, My Lords, Ladies and Gentlemen,

Your obedient servant,

J. A. FRASER,

County Medical Officer of Health.

OCTOBER, 1946.

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1945.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Public Health Officers of the Authority.

County Medical Officer, School Medical Officer, Chief Tuberculosis Officer, and Medical Adviser to the Committee for the Care of The Mentally Defective and to the Public Assistance Committee	.. J. A. Fraser, M.B., CH.B., D.P.H.
Deputy County Medical Officer and Deputy School Medical Officer	} G. Walker, M.B., CH.B., D.P.H., M.R.C.P. (E.)
Senior Clinical Tuberculosis Officer	.. J. J. Thomson, O.B.E., M.D.
Assistant Tuberculosis Officer ..	.. A. Cubie, M.B., CH.B., D.P.H.
Medical Officer for Maternity and Child Wel- fare	.. Mariorie J. M. Dow, M.B., CH.B., D.P.H.
Supt. Health Visitor and Supervisor of Mid- wives	} Gertrude F. Berridge, S.R.N., S.C.M., A.R.S.I.
Chief County Health Inspector ..	.. Dewi Davies, M.R.S.I., M.S.I.A.
County Health Inspector ..	.. Gordon D. Aspin, C.S.I.B., A.F.S.
do	.. R. Wharin, M.S.I.A.
Lady Almoner	.. Miss M. Bustard.
Chief Clerk	.. M. R. Wallace.

Morris Grange Children's Sanatorium at Thornton Lodge, Aysgarth.

Medical Superintendent ..	.. J. J. Thomson, O.B.E., M.D.
Matron	.. Mrs. G. M. Druce, S.R.N.

Mowbray Grange Sanatorium for Adult Females.

Medical Superintendent ..	.. J. J. Thomson, O.B.E., M.D.
Matron	.. Miss E. Burgess, S.R.N.

County Maternity Home, Mount Pleasant, Northallerton.

Medical Officer	.. D. M. Mackenzie, M.B., CH.B.
Matron	.. R. Cochrane, S.R.N., S.C.M.

Day Nursery, Broadway, Grangetown.

Matron	.. Mrs. E. Trotter, S.R.N., S.R.C.N.
Medical Officer	.. Marjorie J. M. Dow, M.B., CH.B., D.P.H.

Day Nursery, Normanby Road, South Bank.

Matron	.. Mrs. D. Hill, S.R.N.
Medical Officer	.. Marjorie J. M. Dow, M.B., CH.B., D.P.H.

Home Visitor / Teachers of the Blind.

Mrs. G. Dowson	
Miss H. F. Evans	Temporary—
Miss C. Shields	Miss K. A. Smith
Miss A. J. Denford	Miss A. Green

Specialist Officers (Part-time).

Ophthalmic Surgeons	..	..	..	J. P. Higham, M.B., B.S., L.M.S.S.A. J. Ellison, M.R.C.S., L.R.C.P.
Aural Surgeons	..	..	..	J. B. T. Keswick, M.B., CH.B. W. O. Lodge, M.D., F.R.C.S.
Orthopaedic Surgeon	..	..	..	H. L. Crockatt, M.B., CH.B.

School Medical Staff.

W. J. Smyth, M.B., B.CH., D.P.H.

Margaret D. Cairns, M.B., CH.B., D.P.H.

W. Leslie Roberts, M.A., M.R.C.S., L.R.C.P.

D. M. Todd, M.B., B.S., M.R.C.S., L.R.C.P.

M. Dale Wood, M.D., B.S., also Medical Officer of Health, Whitby Urban and Rural Districts.

J. A. Dunlop, M.B., CH.B., D.P.H., also Medical Officer of Health, Eston Urban District.

F. D. Ross-Keyt, M.B., CH.B., D.P.H., also Medical Officer of Health, Borough of Thornaby-on-Tees, and Stokesley Rural District.

S. Fox Linton, T.D., M.D., M.SC., D.P.H., Divisional School Medical Officer, Scarborough Division.

E. R. Cameron, M.B., CH.B., D.P.H., Assistant School Medical Officer, Scarborough Division.

Dental Surgeons.

S. Craven, L.D.S. (Senior Dental Surgeon).

J. Auckland, L.D.S., in H.M. Forces.

A. D. Clark, L.D.S.

F. R. Cadigan, L.D.S., in H.M. Forces.

C. E. Place, L.D.S.

P. W. Thornton, L.D.S., in H.M. Forces.

V. Howarth, L.D.S., in H.M. Forces (Resigned 15-12-45).

D. B. Atkinson, L.D.S., part-time Scarborough Division.

Mrs. E. Duff, L.D.S., Temporary (Resigned 31-1-45).

Mrs. A. Z. Caplin, L.D.S., Temporary (Appointed 2-2-45
Resigned 31-3-45).

County Analysts.

Messrs. Jackson and Scholes, F.I.C.

Consultant Medical Officers.

(Maternity and Child Welfare).

G. F. Longbotham, M.B., C.M.

A. R. Lister, M.B., B.CH., F.R.C.S., L.R.C.P.

Miss M. I. Ealing, M.D., CH.B., M.R.C.O.G.

Health Visitors And School Nurses.

(Whole-time.)

DISTRICT.				NURSE.
Clifton and New Earswick	..	..	..	K. Taylor, S.R.N., S.R.C.N., H.V.CERT (Appointed 4-6-45).
Eston	..	..	..	N. Garness, S.R.N., S.C.M.
Grangetown	..	..	..	A. E. Barry, S.C.M., H.V.CERT. E. M. Lloyd, S.C.M., H.V.CERT.
Guisborough	..	..	..	A. Garthwaite, S.R.C.N., C.R.S.I.
Loftus	..	..	..	M. Green, S.R.N. S.C.M.,

Health Visitors and School Nurses—continued.

Redcar	..	..	..	..	E. Croft, S.R.N. S.C.M., E. Precious, S.R.N., S.C.M. E. M. Hurley, S.R.N., S.C.M., H.V.CERT. (Appointed 4-6-45).
Saltburn	..	..	..	..	E. Dempsey, S.R.N., S.C.M., H.V.CERT.
Scarborough Divisional Executive	..	..	..	..	M. K. Jones, S.R.N. R. E. Parker, S.R.N.
Skelton	..	..	..	..	C. A. Jones, S.R.N., S.C.M., H.V.CERT.
South Bank	..	..	..	..	D. M. Bird, S.C.M., H.V.CERT. W. Gardiner, S.R.N., S.C.M., H.V.CERT. H. Pratt, S.R.N., S.C.M., H.V.CERT.
Thornaby	..	..	..	..	E. Snaith, S.R.N., S.C.M. I. Knight, S.R.N., S.C.M. (Resigned 31-12-45).
Whitby	..	..	..	..	A. C. Nicoll, S.R.N., H.V.CERT.
Scarborough Tuberculosis Visitor and Venereal Diseases Nurse	..	..	..	..	C. M. McQuistan, S.R.N., S.C.M., H.V.CERT.

Midwives.

(Whole-time).

Thornaby	..	..	..	..	M. J. Wakefield, S.R.N., S.C.M. L. M. Hearnshaw, S.R.N., S.C.M. A. W. Boag, S.R.N., S.C.M. A. Beckley, S.R.N., S.C.M. (Resigned 31-5-45). M. A. Harrow, S.R.N., S.C.M. (Appointed 1-7-45). E. M. Griffin, S.R.N., S.C.M. (Appointed 9-7-45). M. L. White, S.C.M. (Temporary).
----------	----	----	----	----	--

Dental Nurses.

(Whole-time.)

Northallerton Area	..	..	..	..	M. H. Sherwood, S.R.N.
--------------------	----	----	----	----	------------------------

Dental Attendants.

Malton Area	..	..	..	..	O. Nelson
Richmond Area	..	..	..	..	L. Hescott (Resigned 31-3-45). D. Morton.
Saltburn Area	..	..	..	..	M. M. Hodgson.
Thornaby Area	..	..	..	..	E. Lister (Resigned 30-6-45).

Health Visitors and School Nurses.

(Part-time.)

DISTRICT.				NURSE.
Alne	..	..	..	N. M. Miller, Alne.
Amotherby	..	..	..	G. E. Morfitt, Swinton.
Ampleforth	..	..	..	S. Thompson, Ampl forth.
Aysgarth	..	..	..	A. Scott, Aysgarth.
Barningham	..	..	..	E. T. Adamson, Barningham
Bedale	..	..	..	E. Leighton and M. MacMillan, Bedale.
Bilsdale	..	..	..	J. I. Hill, Rievaulx.
Boroughbridge	..	..	..	E. W. Smith, Boroughbridge.
Bowes	..	..	..	G. Ault, Bowes.
Brompton	..	..	..	S. Kitching, Brompton.

Health Visitors and School Nurses (Part-time.)--continued.

DISTRICT.			NURSE.
Catterick	..	..	D. Smith, Catterick.
Cloughton	..	..	A. Brown, Cloughton.
Coxwold	..	..	I. Richardson, Coxwold.
Croft	..	..	I. Hunter, Croft.
Danby	..	..	M. Phillips, Castleton.
Easingwold	..	..	I. Burnett, Easingwold.
East Ryedale	..	..	N. Hay, Sinnington A. Dickson, Lastingham.
East Witton	..	..	J. McFarlane, East Witton.
Famoor	..	..	E. Adamson, Fadmoor.
Fearby, Masham and Healey			N. Gatiss, Masham.
Forge Valley	..	..	D. Fisher Brown, West Ayton.
Fylingdales	..	..	M. Crowder, Sleights.
Glaisdale	..	..	S. Fox, Glaisdale.
Goathland and Egton	..	..	O. Bryan, Grosmont.
Great Ayton	..	..	C. Norton, Great Ayton.
Great Smeaton	..	..	F. E. Broughton, East Cowton.
Hawes	..	..	N. Jebb, Hawes.
Haxby and Wigginton	..	..	E. Lealman, Haxby.
Helmsley	..	..	E. Schofield, Helmsley.
Helperby	..	..	A. M. Turner, Helperby.
Hinderwell	..	..	H. Prior, Staithes.
Hutton Rudby	..	..	M. C. Reavley, Hutton Rudby.
Kirklevington	..	..	L. M. Petty, Low Worsall.
Leake	..	..	E. L. Dicker, Knayton.
Leyburn	..	..	K. E. Munford, Leyburn.
Lythe	..	..	E. Laurie, Lythe.
Malton	..	..	V. G. Finlayson and L. Dawson, Malton.
Manfield	..	..	M. H. Elenor, Eppleby.
Marske and Downholme	..	..	A. Hanks, Marske.
Middleton Tyas	..	..	H. F. Morton, Middleton Tyas.
Northallerton	..	..	M. F. McCann, Northallerton. B. Jones, Northallerton. F. Gibson, Ainderby Steeple.
Nunnington	..	..	S. A. Hudson, Nunnington.
Nunthorpe	..	..	J. Hardy, Nunthorpe.
Osballdwick	..	..	C. A. Fox, York.
Osmotherley	..	..	A. E. Macauley, Osmotherley.
Otterington	..	..	A. Sowden, Newby Wiske.
Patrick Brompton	..	..	H. Hobson, Newton-le-Willows.
Pickering	..	..	S. Marwood, Pickering
Mid Vale of Pickering	..	..	M. Ford, Snainton.
Reeth	..	..	F. Ellenor, Reeth.
Richmond	..	..	E. Bartlett, Richmond
Romaldkirk	..	..	J. I. Scott, Romaldkirk.
Scarborough	..	..	L. Begernie, Scarborough.
Sheriff Hutton	..	..	L. Neesam, Sheriff Hutton.
Stainton	..	..	E. W. Welford, Stainton.
Startforth	..	..	M. Prest, Barnard Castle.
Stillington	..	..	M. Moore, Stillington.

DISTRICT.			NURSE.
Stokesley	..	..	L. Aish, Stokesley.
Strensall	..	..	I. A. Black, Strensall.
Thirsk and Sowerby	..	..	S. A. Bradley and Z. D. Gilbey, Sowerby.
Thornton Dale	..	..	H. Bennett, Thornton Dale.
Topcliffe	..	..	E. Chapman, Topcliffe.
Wath	..	..	D. Hinton, Wath.
Wensley	..	..	I. S. Hird, Preston-under-Scaur.
West Tanfield	..	..	L. Deaton, West Tanfield.
Whorlton	..	..	A. Weatherill, Swainby.
Wycliffe	..	..	J. W. Fraser, Whorlton.
Yarm	..	..	R. Inglis, Yarm.

All the above Nurses are State Certificated Midwives.

Whole-time Medical Officers of Health.

Eston Urban District	..	..	J. A. Dunlop, M.B., CH.B., D.P.H.
Guisborough Combined Districts	..	..	C. R. Gibson, M.A., M.B., CH.B., D.P.H.
(Guisborough U.D., Loftus, U.D., Redcar Borough, Saltburn & Marske-by-the- Sea U.D., Skelton & Brotton U.D.)			
Scarborough Borough	..	..	S. Fox Linton, M.D., CH.B., D.P.H., M.SC.
Thornaby Borough and Stokesley R.D.	..	..	F. D. Ross-Keyt, M.B., CH.B., D.P.H.

Part-time Medical Officers of Health.

DISTRICT.			MEDICAL OFFICER.
Malton U.D.	..	..	L. C. Walker, M.B., B.CH., M.R.C.S., L.R.C.P.
Northallerton U.D.	..	..	A. E. Milne, M.B., CH.B.
Pickering U.D.	..	..	T. J. Muir, L.R.C.P., L.R.C.S., L.R.F.P.S.
Richmond Borough	..	..	J. Williams, M.D., CH.B.
Scalby U.D.	..	..	B. G. Forman, M.B.E., M.B., CH.B.
Whitby U.D.	..	..	W. E. F. Tinley, M.D., B.S.
Aysgarth R.D.	..	..	W. N. Pickles, M.D., B.S., F.R.C.P.
Bedale R.D.	..	..	A. W. Hansell, M.B., B.S., L.M.S.S.A.
Croft R.D.	..	..	A. F. T. Ord, M.B., CH.B.
Easingwold R.D.	..	..	E. Buller Hick, L.R.C.P., L.R.C.S., L.R.F.P.S.
Flaxton R.D.	..	..	N. S. Hewitt, M.B., B.CH., M.R.C.S., L.R.C.P.
Helmsley R.D.	..	..	A. C. Blair, M.D., C.M.
Kirbymoorside R.D.	..	..	T. Walsh Tetley, M.R.C.S., L.R.C.P.
Leyburn R.D.	..	..	G. Cockroft, M.B., B.S., M.R.C.S., L.R.C.P.
Malton R.D.	..	..	L. C. Walker, M.B., B.CH., M.R.C.S., L.R.C.P.
Masham R.D.	..	..	G. R. Dodds, M.B., B.S.
Northallerton R.D.	..	..	J. A. Hutchinson, M.D., M.S., M.R.C.S.
Pickering R.D.	..	..	T. J. Muir, L.R.C.P., L.R.C.S., L.R.F.P.S.
Reeth R.D.	..	..	W. C. Speirs, M.B., CH.B.
Richmond R.D.	..	..	J. Williams, M.D., CH.B.
Scarborough R.D.	..	..	G. J. B. Candler-Hope, M.B., C.M.
Startforth R.D.	..	..	A. Leishman, M.B., CH.B.
Thirsk R.D.	..	..	W. G. MacArthur, M.B., CH.B.
Wath R.D.	..	..	T. Carter Mitchell, M.R.C.S., L.R.C.P., L.S.A.
Whitby R.D.	..	..	W. E. F. Tinley, M.D., B.S.

PUBLIC ASSISTANCE.

Medical Adviser.

The County Medical Officer of Health.

County Public Assistance Institutions.

Medical and Nursing Staffs.

Name of Institution.	Bed accommodation for sick, maternity & mental cases.	Medical Officer (Part-time).	Matron.	No. of Nursing Staff.
Bainbridge ..	—	W. N. Pickles, M.D., B.S., F.R.C.P.	F. Pashby ..	—
Guisborough ..	173	G. Pratt, M.D., CH.B. ..	K. M. Johnston	45
Leyburn ..	—	S. G. Peill, M.B., CH.B. ..	C. Crossley ..	1
Northallerton	70	A. E. Milne, M.B., CH.B. ..	M. M. Punch	18
Richmond ..	—	A. D. Smith, M.B., CH.B., F.R.C.S.	E. O. Hough ..	1
Scarborough ..	145	J. A. Lennox, M.D., B.S. ..	K. S. Beard ..	34
Stokesley ..	7	H. M. MacGill, M.B., CH.B.	I. Elliott ..	—
Whitby ..	55	R. N. P. Wilson, M.B., CH.B. M.R.C.S., L.R.C.P.	J. E. Priest ..	13
Kirbymoorside	—	T. K. Cooke, M.B., CH.B., M.R.C.S., L.R.C.P.	F. M. Crofts ..	—

Oak Mount Nursery, Northallerton.

Medical Officer .. G. Walker, M.B., CH.B., D.P.H., M.R.C.P.(E).

Children's Home, (Pickering).

Medical Officer .. J. F. Murphy, M.C., M.R.C.S., L.R.C.P.

Children's Nursery, Guisborough.

Medical Officer .. T. Pratt, M.D., CH.B.

District Medical Officers (Public Assistance) and Public Vaccinators.

Name.	District.	Area in Acres.	Population (Approx.)
BULMER GUARDIANS COMMITTEE.			
†*H. Duck, M.B., CH.B. ..	Easingwold ..	14,154	2,848
†*W. McKim, L.R.C.P., L.R.C.S., L.R.F.P.S.	Coxwold ..	14,093	1,305
†*E. Waud, M.B., B.S. ..	Helperby ..	7,191	1,087
†*C. H. Bullen, M.D., M.R.C.S., L.R.C.P. ..	Stillington ..	22,218	2,187
†*A. K. Thomas, M.B., M.R.C.S., L.R.C.P. ..	Tollerton ..	16,706	2,211
†P. M. Sawkill, M.B., CH.B. ..	Flaxton No. 1 ..	9,006	1,088
†*E. T. Blacklee, M.R.C.S., L.R.C.P. ..	Flaxton No. 2	8,547	1,486
†*A. W. Riddolls, M.R.C.S., L.R.C.P. ..	Flaxton No. 3 ..	19,164	9,037

Name.	District.	Area in Acres.	Population (Approx.)
CLEVELAND GUARDIANS COMMITTEE.			
†*W. A. Kirkpatrick, M.B., B.S. . .	Skelton & Moorsholm	11,014	5,887
†*Lindsay Walker, M.B., CH.B. . .	South Bank & Grange-town	1,319	5,090
†*E. W. P. Davies, M.R.C.S., L.R.C.P. . .	Eston (Part)	8,682	28,078
†*T. Marquess, M.B., CH.B., B.A.O. . .	Thornaby	1,925	21,233
†*W. W. Stainthorpe, M.D., B.S. . .	Guisborough	12,825	6,833
†*J. B. S. Guy, M.B., B.S.	Lottus	10,161	8,295
†*R. W. Davies, M.R.C.S., L.R.C.P. . .	Brotton	3,754	4,386
†*J. Dobson, M.B., B.S.	Marske-by-the-Sea . .	4,994	7,224
†*J. McLean, M.B., CH.B.	Kirkleatham	9,352	3,508
HAMBLETON GUARDIANS COMMITTEE.			
††*A. F. T. Ord, M.B., CH.B.	Barton	17,644	2,052
†*T. L. Griffiths, M.R.C.S., L.R.C.P. . .	Girsby & Over Dinsdale	2,087	136
††*A. E. Milne, M.B., CH.B.	Northallerton	28,521	8,808
†*J. M. Davey, M.B., CH.B.	Appleton Wiske	21,898	1,919
†*D. M. Mackenzie, M.B., CH.B. . . .	Osmotherley	13,989	1,374
*A. F. T. Ord, M.B., CH.B.	Croft	8,724	824
†*K. Oldfield, M.B., CH.B.	Cowesby & Borrowby	2,667	368
†*H. Wynne Davies, M.R.C.S., L.R.C.P. . .	Thirsk & Sutton	21,126	6,751
*S. Hey, M.R.C.S., L.R.C.P.	Ripon No. 2	6,923	753
†*E. S. Forsythe, M.B., B.CH.	Pickhill	4,229	560
††*T. C. Mitchell, M.R.C.S., L.R.C.P., L.S.A.	Topcliffe	13,492	1,349
†*W. McKim, L.R.C.P., L.R.C.S., L.R.F.P.S.	Kilburn	2,809	265
†*F. P. Rust, M.B., B.S., L.R.C.P., L.R.C.S.	Langthorpe	6,850	870
††*T. C. Mitchell, M.R.C.S., L.R.C.P., L.S.A.	Ripon No. 4	10,084	1,265
LANGBAURGH GUARDIANS COMMITTEE.			
†*T. L. Griffiths, M.R.C.S., L.R.C.P. . .	Yarm	9,273	6,318
†*S. P. P. Proctor, M.B., CH.B.	Hutton Rudby	19,404	2,315
†*R. Murray, M.B., CH.B.	Great Ayton	19,812	3,374
†*H. M. MacGill, M.B., CH.B.	Stokesley (Part)	32,067	4,086
RICHMOND GUARDIANS COMMITTEE.			
††*W. C. Speirs, M.B., CH.B.	Reeth	73,912	2,311
†*A. D. Smith, M.B., CH.B., F.R.C.S. . .	Richmond	33,500	16,674
†*R. N. Woodsend, M.B., B.S., M.R.C.S., L.R.C.P.	Catterick	5,829	1,340
††*A. F. T. Ord, M.B., CH.B.	Aldbrough	11,991	1,603
	Newsham	16,164	1,039
†*W. R. Heylings, M.B., CH.B.	Scorton	13,633	1,833
†*A. Leishman, M.B., CH.B.	Barnard Castle	44,859	2,179
†*N. C. Coombs, M.R.C.S., L.R.C.P. . .	Romaldkirk	49,297	1,887
†*W. J. Hickey, M.B., B.S.	Gainford	3,564	341
*R. Dawson, M.D., CH.B.	Lunedale	28 581	417

Name.	District.	Area in Acres.	Popu- lation (Approx.)
RYEDALE GUARDIANS COMMITTEE.			
†*D. A. Murray, M.B., CH.B. . .	Helmsley	51,626	2,951
†*A. C. Vidal, D.S.O., M.R.C.P.(E.), L.R.C.S.	Oswaldkirk	16,079	1,694
†*T. K. Cooke, M.B., CH.B., M.R.C.S., L.R.C.P.	Kirbymoorside . .	48,709	4,852
††*L. C. Walker, M.B., B.CH., M.R.C.S. L.R.C.P.	Malton	16,553	6,188
†*H. W. Turner, L.R.C.P., L.R.C.S., L.R.F.P.S.	Bulmer	19,177	2,952
†*A. A. Learmont, M.B., CH.B. . .	Hovingham	16,364	1,905
† J. F. Murphy, M.R.C.S., L.R.C.P. . .	Pickering	39,002	5,623
†D. Robertson, M.B., CH.B., M.R.C.S., L.R.C.P.	Allerston	30,589	2,397
††*T.J. Muir, L.R.C.P., L.R.C.S., L.R.F.P.S.	Lastingham	18,779	1,350
SCARBOROUGH GUARDIANS COMMITTEE.			
†*F. V. Allen, M.B., CH.B.	Brompton	11,361	1,215
†*N. W. Alexander, M.R.C.S., L.R.C.P. . .	Hutton Buscel . .	28,798	2,735
††*D. Ellison, M.B., CH.B.	Scalby	17,422	4,320
†*G. A. Dibb, M.B., CH.B.	Filey	5,992	1,105
†*W. F. Stalker, M.B., CH.B.	Scarborough Nos. 2 and 3	2,727	41,788
†J. A. Lennox, M.D., B.S.	Scarborough No. 1		
WENSLEYDALE GUARDIANS COMMITTEE.			
††*W. N. Pickles, M.D., B.S., F.R.C.P. . .	Lower Aysgarth . .	29,940	1,819
†*E. L. Hughes, M.B., B.CH.	Hawes	39,745	2,436
††*A. W. Hansell, M.B., B.S., L.M.S.S.A. . .	Bedale Southern and	13,787	2,608
	Bedale Northern . .	13,388	2,288
†*E. S. W. Forsythe, M.B., B.CH.	Kirklington	11,789	1,427
††*G. C. Dodds, M.B., B.S.	Masham	12,999	1,783
†*S. G. Peill, M.B., CH.B.	Leyburn West and	18,220	1,563
	Middleham East . .	9,422	1,111
††*G. C. Dodds, M.B., B.S.	Masham (Leyburn District)	8,518	651
†*S. G. Peill, M.B., CH.B.	Bedale (Leyburn Dis- trict & Middleham West)	45,164	4,180
WHITBY GUARDIANS COMMITTEE.			
†*R. N. P. Wilson, M.B., CH.B., M.R.C.S. L.R.C.P.	Whitby (East & West)	24,882	14,662
†*R. W. Rutter, M.B., CH.B.	Fylingdales	6,331	1,366
†*H. G. English, M.R.C.S., L.R.C.P. . .	Egton	41,475	3,218
†*J. C. Brash, M.B., CH.B.	Lythe	19,538	3,728
†*C. W. Armstrong, M.R.C.S., L.R.C.P.	Danby	25,147	1,549

† Medical Officer of Health (Part Time).

‡ District Medical Officer.

* Public Vaccinator.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.
GENERAL STATISTICS.

Area (in acres)	..	..	..	..	..	1,354,391
Population (Census 1931) :						
Urban Districts	182,279	..	..	..	}	331,101
Rural Districts	148,822	..	..	..		
Population (estimated to mid-year 1945) :						
Urban Districts	177,120	..	..	..	}	314,420
Rural Districts	137,300	..	..	..		
Number of inhabited houses (Census 1931)				..	..	77,134
Number of families or separate occupiers (1931)				...	..	77,877
Average number of persons per house (Census 1931)					..	4.29
Rateable Value (1st April, 1946)		..	..	..	..	£2,072,946
Estimated product of a penny rate		..	..	...	..	£8,125

Area.

The North Riding of Yorkshire is the third county in order of size in England, its acreage being 1,354,391. Its geographical character varies from the populous industrial district adjacent to the County Borough of Middlesbrough to the sparsely populated dales and moorland districts ; there are also smaller aggregations of population in inland districts and on the seaboard which forms the eastern boundary of the Riding.

The Administrative County includes four municipal boroughs (Redcar, Richmond, Scarborough and Thornaby-on-Tees), ten urban districts and twenty rural districts.

In nearly its whole length, the northern boundary is formed by the river Tees, separating the Riding from the County of Durham ; the eastern boundary is the seaboard ; on its southern boundary the Riding abuts on the two other Ridings and the City of York ; while on its western side is the Lake District. Running almost north and south from Cleveland to the Vale of York is a range of hills known in its first portion as the Cleveland Hills and merging into the Hambleton Hills. In the western portion there are three main dales—from the north southwards they are Teesdale, Swaledale and Wensleydale.

Population.

The population, as estimated by the Registrar General at mid-year 1945, was 314,420 ; the comparative figure for the previous year was 315,340, so that there has been a decrease of 920 in the population of the Riding since the last estimate. If the urban and rural populations for the year are compared with those for the year 1938, it will be observed that the estimated decrease affects urban and rural districts equally.

Year.	Urban Population.	Rural Population.	Total.
1938 ..	186,000	147,500	333,500
1944 ..	174,640	140,700	315,340
1945 ..	177,120	137,300	314,420

It is now possible to indicate the principal changes in population since 1938, the last year when the publication of detailed statistics was permitted. The county districts which are estimated to have gained in population to some extent are the Borough of Redcar and the Flaxton Rural District. The districts estimated to have diminished are Loftus U.D. (10%), North-allerton U.D. (10%), Scarborough Borough (7%), Whitby U.D. (15%), Aysgarth R.D. (9%), Easingwold R.D. (9%), Kirbymoorside R.D. (9%), Leyburn R.D. (12%), Richmond R.D. (34%), and Wath R.D. (22%).

Social Conditions and Occupations.

The main industries in the north-eastern part of the Riding are ironstone mining and the manufacture of steel; on the seaboard is a group of seaside holiday resorts; in the rural districts the main industry is agriculture, but there are also military and air force stations. New aerodromes have been built since 1938 and there are considerable industrial developments under way in the Cleveland area.

The state of employment in the heavy industries of Cleveland is subject to fluctuation, but conditions generally were favourable during the year, in spite of the termination of war contracts.

Extracts from Vital Statistics of the Year.

		Total.	M.	F.	
Live births	{ Legitimate	5,063	2,595	2,468	} Birth rate per 1,000 of the estimated resident population 17.8.
	{ Illegitimate	547	297	250	
Still births		181	95	86	Rate per 1,000 total (live and still) births 31.25.
Deaths		4,235	2,152	2,083	Death rate per 1,000 of the estimated resident population 13.5.
Deaths from puerperal causes :					Rate per 1,000 total (live and still) births.
				Deaths.	
Puerperal sepsis	..	..	..	5	.86
Other puerperal causes			..	9	1.55
				—	—
	Total	..	..	14	2.42
				—	—
Death rate of infants under 1 year of age :—					
All infants per 1,000 live Births	..	..	..	..	55.1
Legitimate infants per 1,000 legitimate live births	..	..	..	..	54.9
Illegitimate infants per 1,000 illegitimate live births	..	..	..	..	56.7
Deaths from measles (all ages)	..	..	..	..	6
Deaths from whooping cough (all ages)	..	..	..	..	2
Deaths from diarrhoea (under 2 years of age)	..	..	..	..	28

Live Births and Birth Rates.

During the year ended 31st December, 1945, the live births registered

in and belonging to the Riding numbered 5,610, which figure is 687 births less than the previous year, a decrease of 12·2%

There were 547 illegitimate births included in the total figure as compared with 274 for the year 1937, 251 for 1938 and 462 in 1944.

The birth rate for the Riding, as a whole, was 17·8 (per 1,000 estimated population), being higher than the rate for England and Wales—16·1.

Particulars of the rates in the several sanitary districts of the Riding are shown in Table I of the statistical tables appended to the report.

Illegitimacy.

There was a further increase in the number of illegitimate live births registered during the year as compared with its predecessor. During 1945, there were 547 such births registered, 85 more than in 1944; in the urban districts there were 323, while in rural districts there were 224.

On the basis of 1,000 population, the illegitimate birth rate was 1·74 as against 1·46 in 1944; and calculating the rate per 1,000 live births the rate was 97·50 as compared with 73·37 for the previous year.

Stillbirths.

The number of stillbirths registered was 181, the same as in the previous year. Further analysis of the figure into sexes indicates that there were 95 male and 86 female stillbirths.

The rate per 1,000 total births was 31·25; this rate compares with 27·94 for the previous year.

Deaths and Death Rates.

During 1945 the total number of deaths registered for the Riding was 4,235; of this number, 2,152 were males and 2,083 were females. The total figure gives an annual death rate of 13·5 (per 1,000 estimated population), which is slightly above the figure (12·9) for the previous year. The fractional increase was greater in the rural districts; in terms of these districts the death rates were as follows:—

		Urban Districts.	Rural Districts.
1944	..	13·7	11·8
1945	..	13·9	12·9

The following table gives the rates for the past seven years:—

		Death Rates.						
		1939	1940	1941	1942	1943	1944	1945
North Riding:								
Urban Districts	..	13·0	14·2	14·3	13·8	14·9	13·7	13·9
Rural Districts	..	12·0	13·3	12·8	11·7	13·1	11·8	12·9
Administrative County	..	12·6	13·8	13·6	12·8	14·1	12·9	13·5
England and Wales	..	12·1	14·3	12·9	11·6	12·1	11·6	11·4

The particulars of the number of deaths and the rates in the several sanitary districts are tabulated at the end of the report.

Mortality at Different Ages from Various Causes.

The following details overleaf have been supplied by the Registrar General:—

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS.							AGGREGATE OF RURAL DISTRICTS.						
		All Ages	0-	1-	5-	15-	45-	65-	All Ages	0-	1-	5-	15-	45-	65-
ALL CAUSES ..	M	1242	95	13	8	109	308	709	910	85	7	19	78	178	543
	F	1219	82	21	18	106	274	718	864	47	8	4	53	167	585
1 Typhoid and paratyphoid fevers	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 Cerebro-spinal fever ..	M	2	..	1	..	..	1	..	1	1	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 Scarlet fever ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4 Whooping cough ..	M	..	..	..	..	..	..	..	1	1	..	..	..	..	..
	F	1	..	1	..	..	..	..	..	..	..	..	..	..	..
5 Diphtheria ..	M	1	..	..	1	..	..	..	..	..	..	..	..	..	..
	F	4	..	2	2	..	..	..	2	..	2	..	..	..	..
6 Tuberculosis of respiratory system	M	49	..	..	..	30	15	4	33	1	..	..	17	13	2
	F	32	..	..	..	24	6	2	24	..	..	1	17	6	..
7 Other forms of tuberculosis	M	16	..	3	2	8	..	3	13	1	2	5	4	1	..
	F	13	1	5	5	1	..	1	5	..	1	..	3	1	..
8 Syphilitic disease ..	M	8	..	..	..	1	5	2	5	..	..	..	1	3	1
	F	1	..	..	..	..	1	..	4	1	..	..	..	2	1
9 Influenza	M	7	..	..	..	1	1	5	5	2	1	..	..	2	..
	F	5	..	..	..	..	1	4	4	..	..	..	1	2	1
10 Measles	M	2	1	1	..	..	..	..	1	..	..	..	..	..	1
	F	..	..	..	..	..	..	..	3	1	1	..	..	..	1
11 Acute poliomyelitis and polioencephalitis	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12 Acute infectious encephalitis	M	..	..	..	..	..	..	..	1	..	..	..	..	1	..
	F	1	..	..	..	..	1	..	..	..	..	..	..	..	..
13 Cancer of buccal cavity and oesophagus (M) ; uterus (F)	M	24	..	..	..	..	3	21	12	..	..	1	1	1	9
	F	26	..	..	..	3	14	9	14	..	..	..	1	2	11
14 Cancer of stomach and duodenum	M	28	..	..	..	3	10	15	20	..	..	..	3	5	12
	F	27	..	..	..	2	9	16	15	..	..	..	..	1	14
15 Cancer of breast ..	F	38	..	..	..	3	16	19	17	..	..	..	..	8	9
16 Cancer of all other sites	M	112	..	..	..	5	43	64	85	..	..	..	2	32	51
	F	97	..	..	..	3	34	60	78	..	..	..	2	29	47
17 Diabetes	M	13	..	..	..	2	4	7	10	..	..	1	3	..	6
	F	11	..	..	..	3	4	4	7	..	..	..	..	2	5
18 Intra-cranial vascular lesions	M	116	..	..	..	2	26	88	105	1	..	..	2	17	85
	F	176	..	..	..	2	40	134	108	1	..	..	..	26	81
19 Heart disease ..	M	386	..	..	..	9	80	297	253	..	..	..	5	45	203
	F	360	..	..	..	13	60	287	287	..	..	1	4	36	246
20 Other diseases of the circulatory system	M	53	..	..	..	3	9	41	30	..	..	..	..	2	28
	F	43	..	..	1	1	8	33	29	..	..	..	..	2	27
21 Bronchitis ..	M	86	8	2	..	6	29	41	30	1	..	..	..	8	21
	F	61	6	3	..	4	8	40	36	2	..	..	..	4	30
22 Pneumonia	M	51	15	3	..	5	15	13	27	7	2	1	4	4	9
	F	50	20	2	2	3	12	11	28	6	2	..	5	..	15
23 Other respiratory diseases	M	15	..	..	1	4	6	4	12	..	..	..	1	5	6
	F	13	..	..	..	2	8	3	14	..	..	..	2	3	9
24 Ulceration of stomach or duodenum	M	17	..	..	..	7	7	3	9	..	..	..	3	4	2
	F	2	..	..	..	..	1	1	4	..	..	..	..	2	2
25 Diarrhoea under 2 years	M	8	8	..	..	..	..	..	9	9	..	..	..	..	..
	F	10	9	1	..	..	..	..	1	1	..	..	..	..	..
26 Appendicitis ..	M	1	..	..	..	..	..	1	1	..	..	..	1	..	..
	F	2	..	..	1	..	..	1	2	..	..	..	..	..	2
27 Other digestive diseases	M	23	..	1	..	..	13	9	15	1	..	..	1	3	10
	F	35	2	..	1	5	9	18	23	..	..	1	1	9	12
28 Nephritis	M	33	..	..	..	3	10	20	26	..	..	..	2	6	18
	F	37	..	1	..	4	10	22	32	..	..	..	5	7	20
29 Puerperal and post-abortive sepsis	F	2	..	..	..	2	..	..	3	..	..	..	2	1	..
30 Other maternal causes	F	5	..	..	..	5	..	..	4	..	..	..	4	..	..
31 Premature birth ..	M	21	21	..	..	..	..	..	15	15	..	..	..	..	..
	F	17	17	..	..	..	..	..	17	17	..	..	..	..	..
32 Congenital malformations, birth injury, infantile disease	M	30	29	..	..	1	..	..	39	36	1	1	1	..	..
	F	22	21	..	..	1	..	..	15	14	1	..	..	..	..
33 Suicide	M	11	..	..	..	1	5	5	8	..	..	..	2	4	2
	F	8	..	..	..	1	7	..	4	..	..	..	..	4	..
34 Road traffic accidents	M	8	..	1	..	2	2	3	12	..	..	2	4	2	4
	F	7	..	1	1	3	1	1	3	..	1	..	..	1	1
35 Other violent causes ..	M	31	3	1	3	9	7	8	30	4	1	5	12	5	3
	F	22	1	3	2	6	2	8	8	1	..	..	..	1	6
36 All other causes ..	M	90	10	..	1	7	17	55	102	5	..	3	9	15	70
	F	91	5	2	3	15	22	44	73	3	..	1	6	18	45

The principal causes of death in the county during 1945 were as follows, the figures for the previous year and for 1938 being also given.

	1938	1944	1945
Influenza	65	45	21
Heart disease	1,707	1,239	1,286
Other circulatory diseases	273	155	155
Bronchitis	97	173	213
Pneumonia (all forms)	215	136	156
Congenital debility, malformations and premature birth	157	145	176
Tuberculosis of the respiratory system	142	120	138
Tuberculosis (other forms)	48	36	47
Cancer, malignant disease	569	546	593
Intra-cranial vascular lesions	308	464	505
Nephritis	116	148	128

The position in the various sanitary districts is shown in the following tabular statement.

Deaths in Sanitary Districts from the seven chief causes.

DISTRICT.	Cancer.		Heart Disease.		Respiratory Non-tuberculosis.		Tuberculosis Pulmonary.		Tuberculosis Non-pulmonary.		Other Circulatory Diseases.		Intra-cranial Vascular Lesions.	
	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.
A.—URBAN.														
1. Eston	54	1.85	75	2.57	45	1.54	18	.62	7	.24	13	.45	39	1.34
2. Guisborough	6	.77	33	4.22	18	2.30	3	.38	..	..	6	.77	16	2.05
3. Loftus	12	1.79	19	2.84	11	1.64	3	.45	2	.30	3	.45	11	1.64
4. Malton	13	3.42	16	4.21	4	1.05	1	.26	..	..	1	.26	1	.26
5. Northallerton	9	2.01	13	2.90	9	2.01	1	.22	..	..	4	.89	11	2.45
6. Pickering	4	1.05	14	3.68	7	1.84	3	.79	..	..	2	.53	4	1.05
7. Redcar	53	2.20	70	2.90	29	1.20	7	.29	6	.25	19	.79	41	1.70
8. Richmond	9	1.56	11	1.91	10	1.73	3	.52	1	.17	3	.52	5	.87
9. Saltburn and Marske	15	2.30	31	4.76	10	1.53	3	.46	..	..	6	.92	10	1.53
10. Scalby	19	4.02	27	5.72	5	1.06	..	..	..	..	1	.21	8	1.69
11. Scarborough	82	2.18	260	6.91	50	1.33	24	.64	6	.16	27	.72	69	1.83
12. Skelton & Brotton	26	2.14	61	5.03	23	1.90	2	.16	3	.25	2	.16	12	.99
13. Thornaby-on-Tees	29	1.40	65	2.11	45	2.17	7	.34	4	.19	5	.24	27	1.30
14. Whitby	21	2.17	51	5.26	10	1.03	6	.62	..	..	4	.41	38	3.92
Total Urban	352	1.99	746	4.21	276	1.56	81	.46	29	.16	96	.54	292	1.65
B.—RURAL.														
1. Aysgarth	13	3.80	13	3.80	1	.29	4	1.17	..	..	2	.58	9	2.63
2. Bedale	8	1.24	27	4.20	7	1.09	4	.62	..	..	2	.31	11	1.71
3. Croft	2	1.01	8	4.02	2	1.01	1	.50	..	..	2	1.01	6	3.02
4. Easingwold	19	2.06	40	4.34	11	1.19	3	.33	4	.43	3	.33	16	1.73
5. Flaxton	27	1.76	43	2.81	20	1.31	8	.52	3	.20	..	..	18	1.17
6. Helmsley	13	2.61	16	3.22	3	.60	2	.40	1	.20	1	.20	7	1.41
7. Kirbymoorside	10	2.29	18	4.13	3	.69	1	.23	..	..	5	1.15	7	1.60
8. Leyburn	11	1.83	23	3.82	5	.83	6	1.00	2	.33	..	..	8	1.33
9. Malton	4	.73	25	4.53	4	.73	1	.18	..	..	1	.18	5	.91
10. Masham	7	3.69	11	5.80	2	1.05	..	..	..	..	..	..	9	4.74
11. Northallerton	7	.92	28	3.67	10	1.31	5	.66	..	..	8	1.05	9	1.18
12. Pickering	14	2.65	28	5.31	6	1.14	1	.19	..	..	2	.38	9	1.71
13. Reeth	3	1.23	8	4.39	2	.89	1	.49	..	..	3	1.23	5	2.46
14. Richmond	14	1.17	32	2.68	10	.84	4	.33	2	.17	4	.33	13	1.09
15. Scarborough	12	1.80	42	6.30	6	.90	1	.15	2	.30	8	1.20	7	1.05
16. Startforth	7	1.73	8	2.00	2	.49	1	.25	..	..	5	1.23	8	2.00
17. Stokesley	30	1.89	69	4.34	22	1.38	5	.31	..	..	5	.31	22	1.38
18. Thirsk	7	.61	50	4.32	11	.5	4	.35	3	.26	3	.26	18	1.56
19. Wath	3	1.55	4	2.07	1	.52	1	.52	..	..	..	..	2	1.03
20. Whitby	30	2.70	47	4.23	19	1.71	4	.36	1	.09	5	.45	24	2.16
Total Rural	241	1.76	504	3.93	147	1.07	57	.42	18	.13	59	.43	213	1.55
Administrative County	593	1.89	1286	4.09	423	1.35	138	.44	47	.15	155	.49	505	1.61

Cancer, Malignant Disease.

Cancer once again was responsible for approximately six hundred deaths in the Riding and the following tabular statement shows the position for the last ten years

DEATHS AND DEATH RATES FROM CANCER.

Total Number of Deaths.				Death rate per 1,000 population.			
		Urban	Rural			Urban	Rural
Year.	County.	Districts.	Districts.	County.	Districts.	Districts.	England & Wales.
1936	533	305	228	1.62	1.64	1.58	1.62
1937	529	308	221	1.59	1.66	1.50	1.63
1938	569	335	234	1.71	1.80	1.59	1.66
1939	549	301	248	1.61	1.59	1.63	1.67
1940	569	330	239	1.69	1.78	1.58	1.72
1941	547	308	239	1.67	1.74	1.59	1.77
1942	528	296	232	1.65	1.70	1.58	1.83
1943	549	327	222	1.73	1.90	1.53	1.90
1944	546	332	214	1.73	1.90	1.52	1.90
1945	593	352	241	1.89	1.99	1.76	1.94

It is generally assumed that an increase in mortality from cancer is associated with an increasing incidence of the disease. This is partly due to the fact that cancer is essentially a disease of later life when sudden abnormal cell-growth may start and be unnoticed for a comparatively long time. The site of a cancerous growth obviously has a material bearing on its detection; a cancer of the intestine will only be diagnosed, as a rule, when symptoms of obstruction supervene, whereas a comparatively small infiltration of the tongue will make itself obvious to the sufferer. The very real difficulty in dealing with cancerous conditions is the question of early diagnosis: any research student who discovers a means of indicating that somewhere an uncontrolled growth of epithelial tissues has begun will render a priceless service to humanity.

The interim arrangements made under the Cancer Act, 1939, previously described, continued to operate well during the year under review. Sixty persons were treated under this scheme, at the cost of the County Council, at the E.M.S. Hospital, Shotley Bridge, four at the Newcastle City General Hospital and three at the Royal Victoria Infirmary, Newcastle; all of these were allocated to these hospitals by the Director of the North of England Cancer Organisation which came formally into existence in the year under review.

The composition of the organisation is briefly as follows :—

9 members representing County Councils of Cumberland, Durham, North-
umberland and the North Riding.

9 „ „ County Borough Councils situated in these
 geographical counties.

4 ,, ,, hospitals of the Central Organisation at Newcastle
 and Carlisle.

6 co-opted members from other voluntary hospitals and the University of Durham.

In addition 31 patients were treated by radiotherapy at the Leeds General Infirmary under the informal arrangements available there. The

formation of a Yorkshire Cancer Organisation similar to that operating in the North East England has been postponed in view of the National Health Service Bill, which has now passed through all its stages in the House of Commons.

One of the major problems in connection with the treatment of malignant conditions by radiation is that a number of hospitals, not recognised (as are those at Leeds and Newcastle) by the Radium Commission as national treatment centres do own radium and radiotherapy apparatus. Some of the members of the staffs of these hospitals do not appreciate the highly specialised nature of radiotherapeusis, as now practised in hospitals approved by the Commission and attempt to treat cancer by such methods without having the necessary experience of combined methods of treatment and without the assistance of a professional physicist. The haphazard use of radiotherapy can only cause suffering and disappointment to the patient: such failures have serious repercussions in the mind of the public, who do not appreciate the difference between an approved centre, where the team of surgeon, radiotherapist and physicist is available and a hospital without such a team.

As far as one can judge the attitude of the Minister's Advisory Committee on this matter, the tendency is towards the employment by cancer organisations of salaried part-time surgeons with special cancer experience. It is likely that within a few years, only such persons will be appointed to deal with cancer cases sent for treatment to hospitals under the state scheme: others will undoubtedly continue to do as they please under private arrangements in nursing homes, etc.

General Hospital Treatment.

During 1943 the County Council decided to authorise the admission to general hospitals administered by a local authority, of persons residing in the administrative county who were unable to obtain the medical or surgical treatment which they required at voluntary hospitals. During the year, apart from the cases of cancer admitted under the arrangements already described, 147 persons were admitted to such hospitals and the cost of their in-patient care charged to the general county fund.

In accordance with the County Council's scale, recovery of the cost from the patient or from his liable relative was made in order to comply with the provisions of section 184 of the Public Health Act, 1936.

The following hospitals were used under these arrangements during the year 1945 :—

York City General Hospital	..	..	124 patients.
Newcastle City General Hospital	..	..	17 patients.
Shotley Bridge Emergency Hospital		..	6 patients.

Infantile Mortality.

There was an increase in the number of deaths of infants under one year, the total number for the year under review being 309—an increase of 48 compared with the previous year. The infantile mortality rate of 55.1 compares with 41.4 for the previous year and 46 for England and Wales.

The following table shows the infant mortality rates for the last ten years :—

Year.	Urban Districts.	Rural Districts.	Administrative County.	England & Wales.
1936 ..	62.5	49.2	57.0	59.0
1937 ..	59.3	56.4	58.1	58.0
1938 ..	51.1	53.0	51.9	53.0
1939 ..	54.9	48.9	52.3	50.0
1940 ..	51.6	43.9	48.1	55.0
1941 ..	61.6	53.6	58.0	59.0
1942 ..	52.4	49.8	51.2	49.0
1943 ..	56.7	52.2	54.7	57.5
1944 ..	41.7	41.1	41.4	46.0
1945 ..	55.6	54.4	55.1	46.0

The main causes of deaths among children under one year of age were as follows :—

	1943	1944	1945
Congenital debility, premature birth, malformation, etc.	165	140	170
Diarrhoea	23	21	27
Pneumonia	43	33	48
Bronchitis	14	13	17
Whooping cough	7	4	1
Measles	—	—	2

The largest group shows an increase in numbers compared with 1944 ; this group is difficult to attack as so many factors, some of sociological significance, are concerned in its production. The main line of attack, however, is by the provision of improved facilities for ante-natal treatment of the mother and of an adequate and efficient midwifery service. Unfortunately, there is a serious nation-wide shortage of maternity hospital beds, principally due to the shortage of midwives.

In regard to the midwifery service, many improvements have been made by the County Council's scheme under the Midwives Act, 1936, under which scheme the Riding was completely covered by a domiciliary midwifery service. The principal difficulty experienced during the year was the shortage of midwives for district work and for relief duties.

The infantile mortality rates for the various districts are shown in Table 2 in the statistical tables.

In many cases, owing to the small numbers involved, these rates must be quoted with reserve.

Diarrhoea.

There were 28 deaths of children under 2 years of age where the cause was registered as diarrhoea ; of this number 18 occurred in urban districts and 10 were in rural districts. During 1944, the total number of deaths from this cause was 21.

Deaths from diarrhoea in infants for the last seven years were :—

	1939	1940	1941	1942	1943	1944	1945
Deaths	18	21	11	29	26	21	28
Deaths per 1,000 births	3.3	4.0	2.0	5.2	4.7	3.3	5.0

Measles.

There were 6 deaths from this cause during the year, compared with 2 deaths in the previous year. The following show the deaths from measles for the past few years :—

	1939	1940	1941	1942	1943	1944	1945
Deaths	18	3	15	6	10	2	6

Whooping Cough.

The number of deaths from whooping cough during 1945 was 2, compared with 7 for 1944.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Laboratory Facilities.

In September 1943 the Medical Research Council came to an arrangement with the County Council for the use of six rooms in the County Hall originally provided for veterinary and medical laboratory services, as an emergency public health laboratory. The county council and a number of county district councils have agreed to pay annually to the Medical Research Council a sum of money related to the cost of bacteriological examinations in a standard pre-war year : all examinations of pathological material necessary for public health purposes are carried out without a limit of numbers. This service has been widely used and much appreciated by the officers of the local authorities who have agreed to use it. The antigens necessary for diphtheria immunisation and lymph used for vaccination against smallpox are distributed by post from the laboratory throughout the North Riding.

The emergency public health laboratory at Northallerton also deals with specimens sent by officers of the county boroughs of Darlington and Middlesbrough ; it is affiliated to various special units such as those established for the typing of streptococci, and the vi-phage typing of the typhoid group of organisms. The number of specimens handled by the pathologist and his staff in 1945 amounted to 10,514.

The examination of milk specimens by methylene blue and bacillus coli tests in the more westerly part of the Riding is also carried out in the County Hall : in the Whitby, Scarborough and Malton neighbourhood such specimens are sent by rail or by car to Dr. Fox Linton's laboratory at Albemarle Crescent, Scarborough. Specimens from venereal diseases clinics used by North Riding residents are sent to specially approved laboratories at :—

North Riding Laboratory of Pathology and Public Health,
Albemarle Crescent, Scarborough.

The Bacteriological Department, University of Leeds Medical
School.

Guy's Hospital, London S.E. 1.

Ambulance Facilities.

A survey of ambulance facilities was made in the Riding in 1944 and the result is shown in tabular form below :—

Ambulances for cases other than Infectious Diseases.
(Excluding Civil Defence Ambulance Services).

District.	Ambulances maintained and operated by				Where no ambulance in district latter is served from
	Local Authy.	B.R.C.S.	St. John Amb. Assoc.	Vol. Cttee.	
Aysgarth R.D. ..	..	..	..	..	Richmond and Darlington.
Bedale R.D. ..	—	No re turn.			Darlington.
Croft R.D. ..	..	..	..	..	
Easingwold R.D. ..	1	..	..	..	
Eston U.D. ..	..	..	1	..	
Flaxton R.D. ..	1	..	..	..	
Guisborough U.D. ..	..	1	..	..	
Helmsley R.D. ..	—	No re turn.			
Kirbymoorside R.D. ..	..	..	..	2	
Leyburn R.D. ..	..	..	..	..	
Loftus U.D. ..	..	..	..	..	
Malton U.D. & R.D. ..	..	1 (a)	..	..	Ripon.
Masham R.D. ..	..	..	..	..	
Northallerton U.D. and R.D. ..	..	1	..	..	
Pickering U.D. & R.D. ...	..	..	..	1	
Redcar B. ..	2	..	..	..	Richmond and Darlington.
Reeth R.D. ..	..	..	..	..	
Richmond B. and R.D. ..	..	1	..	..	
Saltburn & Marske U.D. ..	..	..	1	..	
Scalby U.D. ..	..	1	..	..	
Scarborough R.D. ..	..		..	..	
Scarborough B. ..	2		..	..	
Skelton & Botton U.D. ..	..	..	1	..	
Startforth R.D. ..	—	No re turn.			
Stokesley R.D. ..	..	..	1	..	
Thirsk R.D. ..	—	No re turn.			Also Stockton Corporation.
Thornaby B. ..	..	..	..	..	Stockton Corporation.
Wath R.D. ..	..	..	..	..	Ripon.
Whitby U.D. & R.D. ..	..	..	..	1 (b)	

(a) Provided jointly by British Red Cross Society and St. John Ambulance Association.

(b) Provided by Whitby Red Cross Ambulance Committee affiliated to British Red Cross Society and St. John Ambulance Association.

This statement shows the differing arrangements in various parts of the administrative county. In order to make provision for moving patients for whose care the county council is financially responsible, two

ambulances were purchased during the year under review, as were two sitting case cars formerly used for civil defence. A third car was purchased from the executors of a resident in the Riding at an advantageous price. These vehicles are now stationed as follows :—

Mount Pleasant, Northallerton.

One Austin ambulance.

One 20 h.p. Rolls Royce saloon.

Guisborough.

One Ford ambulance.

One 16 h.p. Austin saloon.

Thornton Lodge Children's Sanatorium.

One 18 h.p. Armstrong Siddeley saloon.

The County Council have approved of the payment of grants to local authorities providing an ambulance service for accident and emergency cases, other than the removal of cases of infectious diseases to hospital, on the following conditions :—

1. Grants shall normally be made only on application by the local authority which provides and maintains the ambulance service ; but no grant shall be made towards the cost of any subscription given by a local authority to a voluntary organisation in respect of ambulance provision.

2. Grants shall only be made in cases where the county medical officer is satisfied that there is a proved need for the service which is not met by any other body.

3. The grant shall be a sum not exceeding 50 per cent of the approved net ascertained cost of providing and maintaining each ambulance serving the area of the local authority making the application, provided that the maximum annual grant shall not exceed the sum of £200 per ambulance in a rural district or £500 per ambulance in an urban district.

4. The grant described in paragraph 3 above will be made by the county council subject to the condition that no charge will be made to persons normally resident in the district of the local authority (including persons for whose treatment the county council is financially responsible) for their transport or that of their dependants to or from any hospital, maternity home, sanatorium, nursing home or similar institution, situated within a distance not exceeding 80 miles of the patient's home.

5. These conditions shall be reviewed by the Public Health Committee of the county council at the expiration of one year.

Other county district councils also provide ambulance services either directly or otherwise but do not claim grants from the County Council because they desire to make charges (see condition No. 4 above) for the use of the ambulance. Most voluntary ambulance organisations also charge for the conveyance of patients if these are considered able to pay—modified charges may be made or a free service may be given to subscribers.

Hospital Provision in the Riding.

I. VOLUNTARY HOSPITALS.

The voluntary hospitals in the Riding apart from the Scarborough Hospital, the Eston Hospital and the Adela Shaw Orthopaedic Hospital at Kirbymoorside are of the cottage hospital type. A certain amount of acute illness both of medical and surgical nature is treated in these smaller hospitals but a greater number of cases of acute illness is treated in hospitals outside the Riding, *e.g.* Darlington, Harrogate, Leeds, Middlesbrough and York. The hospitals in the Riding are as follows :—

Name of Hospital.	Address.	No. of beds.
Cleveland Cottage	 Brotton	 22
St. Monica's	 Easingwold	 6
Eston	 Eston	 60
Admiral Chaloner	 Guisborough	 18
*Adela Shaw Orthopaedic	 Kirbymoor. ide	 124
Malton and Norton District	 Malton	 26
Rutson	 Northallerton	 28
Stead Memorial	 Redcar	 11
Victoria	 Richmond	 8
Scarborough	 Scarborough	 140
Lambert Memorial	 Thirsk	 16
War Memorial Cottage	 Whitby	 20
Total number of beds		 479

* For special cases only.

II. ISOLATION HOSPITALS.

The scheme of the county council under section 63 of the Local Government Act, 1933, came into force on the 1st April, 1938. Owing to war conditions and the uncertainty regarding the future administration of these hospitals the position, save as regards difficulties of staffing, is little changed from that in 1938. The county health department has co-ordinated the vacant beds and the patients requiring accommodation if such was not available in the hospital normally used by the authority of the area where the case was notified.

III. SANATORIA.

The surveys of hospital accommodation in the North Eastern and the Yorkshire Regions (as these terms are used by the Nuffield Regional Hospitals Trust) were carried out and the reports of the surveyors are available as "blue books" from H.M. Stationery Office: appropriate extracts from these reports can be made available to persons interested in the proposals and criticisms as they apply to particular hospitals. The following table shows the sanatoria situated in the Riding with the respective available accommodation :—

Name of Sanatorium.	Owner.	No. of beds.
Aysgarth ..	.. Private ..	56
Fairfield ..	.. York Corporation ..	63
*Morris Grange ..	.. County Council (partially destroyed by fire and unused since 1940).	60
Mowbray Grange ..	.. County Council ..	30
Poole Joint ..	.. North-Eastern combined authorities ..	300
*Thornton Lodge ..	.. County Council ..	40

* For children only.

INFIRMARIES.

IV. PUBLIC ASSISTANCE.

Provision for chronic sick persons is made in the following infirmaries—the others being reserved for aged and infirm only :—

Name of Infirmary.	No of beds.		Total.
	Men.	Women.	
Guisborough	90	70	160
Northallerton	33	29	62
Scarborough	60	60	120
Stokesley	7	..	7
Whitby	26	26	52
Total No. of beds ..			401

Public Assistance—Medical Services.

In addition to the in-patient accommodation outlined above, the medical officers required to be appointed under statute (see list on pages 10, 11, 12 of this report) gave attendance in their homes to persons in receipt of public assistance and of supplementary pensions. There are many changes since the last list was published eight years ago ; it is for this reason that the full list has been included in this report.

Nursing in the Home.

The eighty district nursing associations have carried on their good work of providing a domiciliary nursing service.

Grants were made by the County Council to the county nursing association and to many of its affiliated district associations in aid of general nursing or nursing of the sick poor : other grants have been made in respect of mid-wifery, health visiting, school nursing and the nursing of tubercular persons. The grants made have been repeatedly adjusted as the result of the various awards of the “ Rushcliffe ” committees and the total payments made in the financial year 1945-46 for these purposes to nursing associations exceeded £21,000.

Special Conferences.

The meetings of medical officers of health of the county districts were continued during the war years: the organisation of the medical aspects of civil defence was considerably helped by quarterly meetings but the subjects discussed also covered diphtheria immunisation, the control of infectious diseases, clean milk production and ambulance services.

Institutional Care of the Mentally Defective.

The work of the committee for the care of the mentally defective during the year is the subject of report to each quarterly meeting of the county council but the difficulty of housing all the defectives who should be provided with institutional care requires further emphasis. In view of the improved ascertainment of defectives and the difficulty of placement of such persons in voluntary institutions, the committee for the care of the mentally defective have made representations to the Board of Control to be allowed to proceed with that part of their plan of development at Claypenny which would provide further ward blocks for the lower grades and for defectives affected by tuberculosis and other infectious conditions.

The buildings available in 1945 provided accommodation on the ordinary standard for 270 patients but owing to wartime conditions 340 persons were, in fact usually housed therein. The following table gives an analysis of cases coming within the purview of the committee at the end of December, 1945.

In Claypenny Colony	..	..	337 (including 23 on licence).
In other institutions			
(including Rampton)	..		30 (1 being on licence).
On licence	..	..	24
Under guardianship	..	..	13
Under statutory supervision	..		190
Under voluntary supervision	..		349
			—
			943
			—

SANITARY CIRCUMSTANCES IN THE AREA.

Housing.

During the war years the returns formerly made by medical officers of health of district councils were suspended and accordingly, it is not possible to publish a tabular statement (such as was included in the annual report of the county medical officer for the year 1938) showing the state of overcrowding in the various county districts.

The rural district councils, acting in conjunction with the county council, set up a Rural Housing Advisory Committee composed of:—

20 representatives—one from each rural district council;

8 representatives from the North Riding County Council;

and the members met quarterly in 1945 and surveyed the position regarding new housing and the standards of existing houses in the administrative county.

The North Riding Rural Housing Advisory Committee approved of a series of recommendations made by a technical sub-committee, which they

established to report on the minimum standards to be adopted by the officers of the rural district councils in carrying out their survey of existing houses for the working classes, in accordance with the instructions given by the Minister of Health.

Subsequently, the survey of dwelling houses suitable for occupation by persons of the working classes, was commenced but had not been completed at the end of 1945. Certain rural councils had considerable difficulty in initiating this survey because of staff shortages: in some areas the principal need was for clerical assistance, as the sanitary officers had been allocated non-sanitary duties necessitating much clerical work.

During the year under review the county council made financial payments to the following councils under section 115 (2) of the Housing Act, 1936 :—

Bedale R.D.C. in respect of	..	51	houses
Easingwold R.D.C.	..	66	„
Flaxton R.D.C.	..	10	„
Kirbymoorside R.D.C.	..	13	„
Malton R.D.C.	..	79	„
Pickering R.D.C.	..	10	„
Richmond R.D.C.	..	4	„
Scarborough R.D.C.	..	62	„
Wath R.D.C.	..	12	„

and under the Housing (Financial Provisions) Act, 1938 to :—

Bedale R.D.C. in respect of	..	21	houses
Easingwold R.D.C.	..	12	„
Malton R.D.C.	..	9	„
Northallerton R.D.C.	..	14	„
Richmond R.D.C.	..	6	„
Scarborough R.D.C.	..	2	„

Housing of Rural Workers.

The Housing (Rural Workers) Amendment Act, 1938, was not renewed under the Expiring Laws Continuance Act and consequently the scheme of reconstructing suitable properties for the purpose of providing residential accommodation for agricultural workers or persons of similar status came to an end on the 30th September, 1945. During the 19 years in which this scheme has been operated by the county council, 427 houses have been reconstructed and 32 premises, not previously used as dwellings, have been made available as dwellings at a cost in grants of £43,532. In addition grants have been promised in 31 other cases, but the works have not been completed.

The Public Health, Housing and Sanitary Committee have always insisted on a high standard of accommodation under the scheme and they have not normally approved of the provision of less than three bedrooms in the scheme of reconstruction. The cessation of this useful work owing to the lapsing of the authorising legislation is regretted.

The Rural Housing Advisory Committee were asked by the Minister of Health for their observations on the cessation of this scheme and they resolved, by a large majority, to urge the Minister to introduce legislation forthwith, with a view to extending the operation of the Housing (Rural Workers) Acts and that the former Acts should be amended so as

(1) to remove the limit of value (£400) of dwellings coming within the scope of the Acts,

(2) to increase maximum grants to £250 per house,

(3) to remove the restriction on rents of reconditioned properties, leaving county authorities wide discretion in the matter,

(4) to empower local authorities, where owners are unwilling to bear the cost of reconditioning, to requisition or purchase the properties and to recondition them,

(5) to require rural district councils to administer the Acts where county councils have delegated their powers to such authorities.

Water Supplies and Sewerage.

On the 27th July, 1944, the Royal Assent was given to the Rural Water Supplies and Sewerage Act, which authorises the Minister of Health, subject to conditions determined by the Treasury, to make grants to local authorities who provide a new water supply or improve an existing supply of water or who make additional and adequate provision for the disposal of sewage in rural localities.

The second section of the Act lays down that where the Minister of Health undertakes to make a contribution towards the cost of schemes approved under the Act, the council of the county shall undertake to make a contribution payable on conditions acceptable to the local authority and the Minister, but not exceeding the amount payable from central government funds.

Accordingly, the county council, after due consideration, appointed a special committee to consider all proposals received from the council of any borough, urban or rural district in the Riding under this Act; this committee was also authorised to make observations on behalf of the county council to the submitting council(s) and to make recommendations to the county council on the contributions to be made under the provisions of this Act.

One of the first acts of the new committee was to recommend the appointment of Messrs. Binnie, Deacon & Gourley of London as consulting water engineers to the county council.

Subsequently, the Water Act, 1945, came into force on the 1st October, 1945. This Act gave legislative effect to Part I of the White Paper of 1944 (Cmd. 6515). Some of the provisions are new, others are modifications or expansions of earlier provisions and yet others are adaptations for general application of sections found in special Acts of particular water undertakings. In view of the importance of pure and adequate water supplies the following brief summary has been prepared.

Part I of the Water Act gives the Minister of Health specific responsibility for ensuring the conservation and the proper use of water resources and the provision of supplies of water. It also requires him to appoint a Central Advisory Water Committee to advise the Government on general matters and empowers him to constitute a Joint Advisory Water Committee

for any area if he is satisfied that this step is necessary to effect secure and more effective provision of water supplies for the area. Persons abstracting water from any source must comply with regulations (to be made later) regarding records to be made ; others who desire to make wells more than fifty feet below the surface must comply with the requirements laid down in section 7

The rest of the Act deals with a wide range of subjects and is designed to simplify by providing a procedure more expeditious than the old method of private Bill, the efforts of water undertakers to carry on their undertakings, to take joint action to execute certain works, to give and receive supplies in bulk and increase their resources. Certain sections contain provisions designed to secure uniformity in the making of bye-laws directed against pollution and waste of water and give new powers to protect wells. Persons engaged in industry and agriculture and other users of water for purposes other than domestic use, are given, in section 27, specific right to a supply of water on reasonable terms, subject to suitable safeguards and by section 37 water undertakers are obliged to lay mains in advance of "development." Another section requires local authorities to reject plans of new houses unless the public piped supply is to be laid to each house and finally administrative machinery is provided for the revision of water charges at the instance of local authorities, water undertakers or consumers, of charges made under local water acts or orders.

A brief summary of the position as regards the Rural Water Supplies and Sewerage Act, 1944 at the end of 1945 is set out below :—

Rural Authorities.

AYSGARTH R.D.C.

A preliminary report had been obtained from a firm of engineers on proposals to supply water in pipes to 13 townships or groups of townships and for 11 sewerage schemes. Detailed plans for these were prepared and have been received by the County Council since the end of the year under review.

BEDALE R.D.C.

No proposals had been received from the council though it was understood that certain proposals regarding sewerage were receiving consideration. Residents in the most populous parts of this council's area are already receiving supplies of piped water.

CROFT R.D.C.

The plans of proposals for proper water supplies to the parishes of Manfield, Cleasby, Stapleton and Dalton, were received from this council just prior to the end of 1945 : details of sewerage schemes for the same parishes accompanied the water scheme. The Minister has decided to allocate a sum towards the cost of the latter in accordance with section 36 of the Water Act, 1945, (the scheme being carried out by the Tees Valley Water Board) and the county council have agreed to make a similar payment.

EASINGWOLD R.D.C.

This district council was awaiting the results of the preliminary steps for the promotion of a regional scheme for the supply of water to Easingwold, Flaxton, Helmsley, Kirbymoorside, Malton and Pickering rural districts. The proposals for this scheme were received early in January, 1946 and a

public enquiry in relation thereto was subsequently held at Malton. Mean-time, over the area covered by the public piped water supply, restrictions are in force in an attempt to apportion equitably the available water.

FLAXTON R.D.C.

This district council, shortly after the passing of the Rural Water Supplies and Sewerage Act re-submitted a modified 1939 scheme for a water supply for 9 townships, using water from the Pocklington Rural District Council's mains. The latter council, however, have withdrawn their agreement and this scheme has had to be amended accordingly. The county council's consulting engineers have recommended a regional scheme based on the Keld Spring at East Ness in the Kirbymoorside rural district. The supplies required by consumers in Easingwold and Flaxton rural districts would have to be pumped to a reservoir on high land near Yearsley: from this point the water would gravitate southwards and south west into the plain of York.

This council has also had sewerage schemes prepared by their engineers and these were receiving the attention of the county council's consultants at the end of 1945.

HELMSLEY R.D.C.

The consulting engineer to this council surveyed the whole resources of the area and reported the requirements of the inhabitants of the district. The original report proposed nine augmentation schemes of any magnitude and these received the county council's general approval. A further scheme known as the Piethorne Scheme covered certain villages in the adjoining portions of the Helmsley and Kirbymoorside areas but this scheme was referred back to the joint committee with a request that, with a view to reducing expenditure on this scanty supply, the possibility of using water from the Keld Spring be considered: the new works in that case would be limited to improvements to the existing system.

Fifteen schemes for the inception of work, the extension or completion of existing schemes of sewage disposal were received and were favourably reported on by the county council's consulting engineers.

KIRBYMOORSIDE R.D.C.

The consulting engineer to this council prepared, in addition to the regional scheme already mentioned, a local scheme for the augmentation of the Kirbymoorside town water supply and for supplying four villages adjacent thereto. A sewerage scheme for four townships including Kirbymoorside has also been received and reported on favourably by the county consultants. This council has, since the end of the year under review, rescinded the resolution which authorised joining in the Regional Scheme. The Rural Water Supplies and Sewerage Committee has directed the Clerk of the County Council to invite the Minister to consider constituting a Joint Water Board to implement the Regional Scheme: power to take such action is given the Minister in Part I of the Water Act, 1945.

LEYBURN R.D.C.

The engineers of this council submitted a number of small schemes for provision of water supplies and at the suggestion of the county council's

consultants, these were referred back with a request that a supplementary report embodying these schemes but of a more comprehensive nature be prepared. This report was, in fact, prepared and these schemes were the subject of a local inquiry by a Ministry of Health engineer in May, 1946. Similarly, schemes for the provision of sewerage facilities for four townships were referred back as it was felt that these were not sufficiently comprehensive.

MALTON R.D.C.

A considerable part of this council's area is already covered by piped water supplies but difficulty was experienced in certain localities because of lack of water pressure. It has been suggested that water from the Regional Scheme already mentioned could, with advantage, be supplied to the Malton rural area and this council's spokesman expressed this view at the public inquiry held in Malton.

This council's engineer had also prepared, prior to the end of 1945, five schemes of sewage disposal, some covering a group of villages and these were receiving consideration by the county council's consultants.

MASHAM R.D.C.

At the end of 1945 no proposals had been received from this council either in respect of water supplies or sewerage schemes.

NORTHALLERTON R.D.C.

One scheme for piped supplies of water covering most of the townships in this rural district has been received and the preparation of a joint scheme based on the possible formation of a joint water board with the Northallerton Urban District Council as partners, was proposed at a preliminary tripartite conference by the county council's representatives. This suggestion was made because of the geographical position and the proximity of the two gathering grounds. A sewerage scheme for two rural townships was under preparation at the end of 1945.

PICKERING R.D.C.

A scheme for the improvement of the existing supply to Thornton-le-Dale was received but was referred back with a view to the inclusion of this district in the regional scheme for the southern portion of the Riding. At the end of 1945 four schemes had been received in respect of sewage disposal works for five townships: other sewerage schemes were in course of preparation.

REETH R.D.C.

No schemes under this Act had been submitted at the end of the year under review by this district council.

RICHMOND R.D.C.

It is understood that a scheme for supplying water to the townships of Moulton and Middleton Tyas and to Scotch Corner Hotel and its immediate environs was under consideration by this council at the end of 1945 but no formal proposals had been submitted to the county council in respect of this or any other scheme of water supply or sewage.

SCARBOROUGH R.D.C.

A scheme for the provision of a water supply for Ravenscar was being examined by the county council's consultants at the end of 1945. Details of six sewerage schemes had been formally transmitted to the county council and had been referred back with the observations of their consultant engineers and since the end of the year, revised proposals covering the sewerage of thirteen townships or places have been received.

STARTFORTH R.D.C.

A scheme for the supply of water to Hutton Magna had been received and approved in principle : a scheme for water supply to Barforth was under consideration at the end of the year under review.

The requisite details of the separate schemes for the provision of sewerage facilities had been submitted to the county council for their observations and this district council had been notified that the county consultant engineers had reported favourably on these schemes. A local inquiry was held at Cotherstone into the proposals to raise a loan to finance this scheme on the 27th November, 1945.

STOKESLEY R.D.C.

This council submitted a three stage scheme for augmenting the present supplies and for the extension of water services to this district generally : the consulting engineers had approved this report and the district council had been informed.

Seven schemes for sewerage had been submitted before the end of the year and were awaiting further examination by officers of the county council and the latter's consultants.

THIRSK R.D.C.

Water schemes for Maunby and Ainderby Quernhow had been received and were being examined at the end of 1945. No sewerage proposals had been received at that date.

WATH R.D.C.

No proposals have been received from this council.

WHITBY R.D.C.

Schemes covering the whole of this district, for both water and sewerage have been received from the district council. These schemes have been considered by the county council's consultants. With regard to the proposals for water supply, they recommended that the proposals should be approved in principle, but referred back to the district council with the request that their technical advisers might be instructed to prepare a supplementary report and estimates, so that the county council might have before them the considered scheme for the whole district, with estimates of cost and upkeep, from which the balance of annual loan charges and expenses for new works against revenues by sales of water from the new works, and consequently the incidence of rates to meet the balance, could be deduced. This was notified to the district council whose consultants have submitted a memorandum on the lines suggested. The two firms of consultants are now in touch with each other on the details.

With regard to the sewerage schemes, the county council's consultants recommend that the schemes should be approved in principle, but that the district council should be requested to prepare a supplementary report so that the county council might have before them full estimates of cost and upkeep, from which the incidence of rates to meet annual loan charges and expenses could be deduced. This has been passed on to the district council.

Urban Authorities.

BOROUGH OF RICHMOND.

The town council have had under consideration proposals to increase the storage capacity of their water undertaking and to provide new mains and renew defective mains. No detailed proposals have yet been submitted to the County Council.

Proposals have been submitted for the installation of a trunk sewer for the borough and the provision of sewage disposal works in the township of St. Martin outside the borough: at the moment six sewers discharge crude untreated sewage into the river Swale.

These proposals have been considered by the county council's consultants who have recommended that the borough council should be requested to instruct their technical advisers to prepare a more detailed memorandum on the proposed works, with estimates for submission to the county council. This had been notified to the borough council. The local joint planning board have suggested another site for the disposal works.

GUISBOROUGH U.D.C.

The district council are negotiating for the acquisition of the undertaking of the Guisborough Water Company, after which the question of augmenting the water supply will have to be considered.

NORTHALLERTON U.D.C.

See notes on Northallerton Rural District Council.

SALTBURN AND MARSKE U.D.C.

This council has been in consultation with the town council of Redcar and the urban district councils of Loftus and Skelton and Brotton in urging the Cleveland water company to provide a more adequate supply of water within the statutory area of supply of the Company. The water company have instructed a firm of consulting engineers to prepare proposals.

SCALBY U.D.C.

This council are contemplating improving their water supply by means of settling and filtration tanks and are also contemplating re-designing the whole of their sewerage system from Newby to Scalby. No details had been received by the county council at the end of 1945.

SKELTON AND BROTTON U.D.C.

This council have had under consideration proposals for the improvement of the water supply at Moorsholm (a village in this extensive urban district) but no proposals had been received at the end of the year under review.

INSPECTION AND SUPERVISION OF FOOD.

Food and Drugs Act, 1938, etc.

The sampling and examination comprise articles obtained under the Food and Drugs Act, 1938, Public Health (Condensed Milk) Regulations, 1923-1943, Public Health (Dried Milk) Regulations, 1923-1943 Public Health (Preservatives in Food) Regulations, 1925-1940 and Orders made under the Defence (Sale of Food) Regulations and the Supplies and Services (Transitional Powers) Act, 1945.

This work is undertaken by the Inspectors of Weights and Measures under the control of the Chief Constable, who has submitted a list of samples taken, with the results of the analyses.

The samples were taken from a wide range of foods and drugs and the following table indicates the results :—

Total Number of Samples taken.			Number Adulterated.			Number Inferior.		
1938	1944	1945	1938	1944	1945	1938	1944	1945
770	769	721	30	2	4	65	25	22

The figures for 1938 and 1944 are given for the purpose of comparison.

Adulteration or inferior quality was found upon analysis of these samples :—

	No. of samples taken.	No. adulterated.	No. inferior.
Milk	330	2	16
Marmalade	12	—	1
Sausage	7	—	1
Pepper	6	2	—
Drinking Chocolate ..	2	—	1
Bloater paste	1	—	1
Cayenne pepper	1	—	1
Flowers of sulphur ..	1	—	1

Milk Supplies.

MILK AND DAIRIES ORDER, 1926.

The following table is based on figures supplied by the Divisional Inspector, Animal Division, Ministry of Agriculture and Fisheries :—

Year.	No. of herds inspected.	No. of cattle inspected.	No. of suspected animals dealt with under the Tuberculosis Order, 1925.
1945	5,645	59,563	184
1944	3,696	38,590	243
1943	4,386	42,692	264
1942	3,991	34,120	237
1938	5,103	50,530	226

In 1945, 2 cases were reported where tubercle bacilli had been found in samples of milk produced on premises in the Riding. In each case an enquiry was carried out and as a result 2 animals were found to be affected with tuberculosis of the udder and were slaughtered under the Tuberculosis Order, 1938.

TUBERCULOSIS (ATTESTED HERDS) SCHEME.

1939	1940	1941	1942	1943	1944	1945
377	457	449	413	379	361	348

The above shows the number of certificates of attestation in force at the end of the years stated.

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936–1945.

In January 1936, there were only 6 tuberculin-tested and 54 grade A herds in the Riding but during the next three years (preceding the outbreak of hostilities) the number of the licensed producers of tuberculin-tested milk rose rapidly to 143, near which figure it remained almost stationary till the end of 1944 when an increase from 139 to 157 was noted : on the 31st December, 1945, the corresponding figure was 167. The number of producers of accredited milk (the successor of the former Grade A standard) rose from 54 at the end of 1935 to 182 at the end of 1937, fell slightly in 1938 to 169, rose again to 218 in 1940 and has remained fairly stationary since that date.

The Public Health, Housing and Sanitary Committee have received reports on producers who have had three successive failures in the methylene blue test and/or the coliform test and have given the producers concerned an opportunity of showing cause why the licence held should not be revoked. During 1945, 2 licences were revoked and 1 suspended.

During the year, 41 premises were inspected by the county health inspectors with a view to granting licences. Samples of designated milks were taken by the same officers at intervals of about three months, more often when unsatisfactory conditions were found at inspections, or following failure of samples to pass the statutory tests. In all 2,275 tests were done on 1,382 samples of tuberculin-tested and accredited milk and the results of these tests are analysed in the following tabular statement :—

	Accredited.				Tuberculin-tested.			
	Methylene Blue		Coliform.		Methylene Blue		Coliform.	
	Passed.	Failed.	Passed	Failed	Passed	Failed	Passed	Failed
	284	71	180	39	273	44	158	45
Summer Standard	80%	20%	82.2%	17.8%	86.1%	13.9%	77.8%	22.2%
Winter Standard	343	47	236	25	259	16	172	11
	87.9%	12.1%	90.4%	9.6%	94.2%	5.8%	94%	6%

The following table shows the percentage of samples which failed to pass one or other of the tests under summer and winter standards :—

	Accredited.	Tuberculin- tested.
Summer Standard ..	24·8%	25·8%
Winter Standard ..	16%	9·6%

The services of the county health inspectors were available to farmers who found difficulty in producing milk to pass the tests and often a little advice led to a marked improvement when failures had been due to a lapse in the technique. Such advice was invariably welcomed by the man who was genuinely trying to maintain a high standard.

MATERNITY AND CHILD WELFARE.

The county council is responsible for maternity and child welfare throughout the Riding, except in the municipal boroughs of Scarborough, Thornaby-on-Tees and Richmond and in the urban district of Whitby. Although these districts are autonomous for this service, a close co-operation exists between them and the county council as their medical officers of health are associated in one way or another with the health services of the county council.

The population of the county council's maternity and child welfare area was 240,537, *i.e.* a decrease of 3,378 compared with the previous year. The total number of births registered in the area during the year has also shown a decline as compared with the previous year, the births for the year under review being 4,368 compared with 4,829 for 1944 and 4,016 for 1938.

The county council has continued its policy of developing the facilities for maternity and child welfare particularly in the rural districts and local voluntary organisations have assisted considerably in this policy. During the year 1945, new centres were established at the following places :—

Cayton
Hawnby

Manfield

Ante-Natal Care and Supervision.

Much attention has been directed in recent years to maternal mortality and it is universally agreed that one of the main lines of attack is by the provision of better ante-natal care and supervision. The systematic examination of pregnant women has, as its object, the ascertainment of any deformity or disease which may be prejudicial to the mother or child and the provision of proper treatment to eliminate or reduce the risks at, or immediately after, confinement. There is ample evidence to show that the early and proper treatment of pelvic conditions, abnormal position of the child, and the inter-current diseases of pregnancy, together with the special arrangements under the national schemes of the Ministry of Food, have lessened the risks to mothers and have asserted a favourable influence on the condition of the child at birth. Every pregnant woman should receive ante-natal care sufficient

to ensure that a difficult labour will be foreseen ; frequent examinations should ensure early detection of any of the toxaemias of pregnancy. The measures taken should include control of infections, the education of the woman in the preparation for the confinement and co-operation between the doctor and others having charge of the woman during pregnancy, labour and the lying-in period.

The provision of proper facilities for the ante-natal care and supervision are best undertaken in association with a maternity department of a general hospital or a maternity hospital. Few such institutions exist in the Riding but as far as circumstances permit, arrangements are made for ante-natal examinations to be made by the staff who are to conduct the labour *e.g.* at the county maternity units at Guisborough, Northallerton and Scarborough, at the East Riding maternity home at Westow near Malton, or at the maternity hospitals in Middlesbrough and York. The unfortunate shortage of midwives made full use of these facilities difficult.

The ante-natal work of the domiciliary midwives has been supervised by the supervisor of midwives and her assistant and on the whole, this part of the work of these midwives has been well done.

The scheme of the Public Health Committee for ante-natal care and supervision falls under three headings, as follows :—

(i) SPECIAL ANTE-NATAL CLINICS.

There were, in the county council's area, thirteen clinics held specially for ante-natal work. These clinics were held at—

Boosbeck, Brotton, Dormanstown, Grangetown, Guisborough, Loftus, Marske, Northallerton, Ormesby, Redcar, South Bank, Yarm and Huntington Road, York.

A medical officer, specially qualified in this work, was in charge of each of these clinics.

(ii) ANTE-NATAL CLINICS IN ASSOCIATION WITH MATERNITY AND CHILD WELFARE CENTRES.

At four centres in the Riding ante-natal clinics were held before the ordinary meeting of the welfare centre ; and these clinics were attended by the medical officers in charge of the welfare centres. These centres were as follows :—

Cayton, Haxby, Scalby, Stokesley.

(iii) SUPERVISION OF UNINSURED EXPECTANT MOTHERS IN RURAL DISTRICTS.

While ante-natal clinics have been established as above, there were many women who resided in places not readily accessible to these clinics ; moreover, the number of women requiring attention in such districts was too small to justify the establishment of ante-natal sessions. Such women were provided for in the special scheme whereby medical advice and attention were available on special terms.

Dental treatment was available for expectant and nursing mothers on the recommendation of the medical officers of the ante-natal clinics and

child welfare centres ; the scheme for the provision of dentures for expectant mothers in accordance with financial circumstances was used as far as practicable in the light of the shortage of dental personnel due to service recruitment in the preceding years.

The following table shows the attendances at the 17 ante-natal clinics in the Riding ; there was an increase in certain areas in the total number of mothers who attended and the total number of attendances made.

Name of Ante-Natal Clinic.	Total number of attendances by expectant mothers		Average attendance of expectant mothers per session.		Total number of expectant mothers who attended	
Boosbeck ..	137	(91)	5.7	(3.6)	49	(39)
Brotton ..	103	(99)	4.1	(3.8)	40	(38)
Cayton ..	4	(..)	.7	(..)	2	(..)
Dormanstown ..	271	(272)	11.3	(10.9)	101	(91)
Grangetown ..	304	(280)	12.2	(10.8)	123	(121)
Guisborough ..	71	(59)	2.8	(2.4)	27	(24)
Haxby ..	38	(45)	3.2	(3.8)	20	(26)
Loftus ..	250	(257)	9.6	(10.0)	84	(90)
Marske ..	68	(78)	5.7	(6.5)	27	(31)
Northallerton ..	263	(262)	10.1	(10.1)	70	(150)
Ormesby ..	43	(85)	1.7	(3.3)	16	(31)
Redcar ..	800	(675)	15.7	(13.2)	270	(252)
Scalby ..	20	(43)	1.7	(3.6)	10	(18)
South Bank ..	387	(401)	7.6	(7.9)	139	(136)
Stokesley ..	69	(31)	3.0	(2.6)	25	(15)
Yarm ..	122	(97)	5.3	(4.2)	40	(37)
York ..	80	(84)	5.1	(.5)	9	(14)
Total ..	3,030	(2,859)	18.0	(18.7)	1,052	(1,113)

The figures in brackets are those of the previous year.

The fall in the average attendances is due solely to the fact that more sessions were held in 1945 than in 1944 (546 as against 534).

Post-Natal Services.

The following table shows the attendances of mothers at Redcar and South Bank clinics :—

Name of Post-Natal Clinic.	Total number of attendances by mothers.		Average attendance of mothers per session.		Total number of mothers who attended.	
Redcar ..	40	(39)	3.3	(3.3)	31	(35)
South Bank ..	20	(20)	1.7	(1.7)	20	(16)
Total ..	60	(59)	2.5	(2.5)	51	(51)

The figures in brackets are those of the previous year.

Notification of Births.

The number of births notified to the county medical officer during the year was 3,763, compared with 4,556 for the previous year. As hitherto, arrangements were made with each registrar of births and deaths that he would be supplied at the end of each month with a list of births notified and the county medical officer was to be informed of the births registered but not notified in accordance with the Public Health Act, 1936. Each "un-notified" birth was followed up by sending a letter to the attendant asking the reason for the non-notification: there were 129 births not notified during the year. The main reason for non-notification was a misunderstanding as to whose duty it was to notify. The Act imposes the obligation upon the father if he is residing in the house at the time, or upon any person in attendance at the time or called in within six hours of the birth.

Midwives Acts, 1902-1936.

The scheme made by the county council under the Midwives Act, 1936, provided for domiciliary midwifery to be undertaken by the district nursing associations, by county council midwives and, in one case, by a Welfare Council. These arrangements envisaged the establishment of new district nursing associations and the extension of others in "un-nursed" areas; also, the combination of associations for the provision of a complete midwifery service was suggested.

In arranging for nursing associations to co-operate in the scheme, the committee had in view the possible developments in general nursing; as, otherwise, if midwifery grants were taken away from associations, general nursing throughout the Riding might suffer.

A subsidiary and beneficial effect of working the scheme through nursing associations was that they were not only able to continue their work but many were able to extend their activities particularly in rural areas to include both health visiting and school nursing, thus providing in the Riding complete services in these aspects of public health work.

DISTRIBUTION OF MIDWIFERY WORK WITHIN THE SCHEME.

The scheme covers the area of the Riding for which the county council is the local supervising authority: this area is the administrative county less the borough of Scarborough. The distribution of the work within the scheme during 1945 was as follows:—

	Nurses Emp- loyed.	County Council Mid- wives.	Total 'Midwife EQUIVA- lent.'	* 'Midwife Equivalent' Employed by Welfare Councils.	Cases.		Total Atten- ded.
					Mid- wifery.	Mat- ernity.	
(i) District nursing associations.	102	—	61 $\frac{5}{8}$	$\frac{3}{4}$	1776	1031	2807
(ii) County nursing associations.	3	—	2 $\frac{1}{2}$	—	31	43	74
(iii) Borough of Thornaby-on-Tees	6	6	6	—	239	98	337
(iv) Urban district of Whitby	2	—	2	2	53	26	79
Total ..	113	6	72 $\frac{1}{8}$	2 $\frac{3}{4}$	2099	1198	3297

* The third Welfare Council in the area is the borough of Richmond ; the district nursing association undertakes the work there.

The number of cases attended during the year under the scheme was approximately 78% of the number of domiciliary births notified in the council's area. The remaining 22% of the notified births were undertaken by doctors, with or without maternity nurses, midwives in private practice, in nursing homes, and by the military nurses at Catterick Camp.

The North Riding must be one of the most difficult—if, indeed, it is not the most difficult—area in the country in which to provide an efficient domiciliary midwifery service ; therefore, the volume of work undertaken in the council's scheme during the year's working was highly satisfactory.

SUPERVISION OF MIDWIVES.

Reports received from the supervisor of midwives indicated that there had been a steady improvement in the standard of midwifery throughout the Riding. This improvement was due to two main factors. In the first place, regular and frequent visits of inspection were made by the supervisor, who, being an experienced and practical midwife, was able to advise the practising midwives in the modern methods of midwifery practice. Her visits were greatly appreciated by the midwives operating within the county council's scheme, and by those in independent practice, with a resultant improvement in the standard of work. In the second place, the district nursing associations have been encouraged by the council's larger grants to employ state registered nurses who are also midwives. The county nursing association has employed such a standard of nurse in its own areas and has encouraged nursing associations to do so.

RELIEF MIDWIVES.

As it is the county council's duty in this area to provide a midwife for the confinement of a pregnant woman in her home, it is necessary to make

arrangements for relief midwives to be available in the event of illness, infections, holidays, etc. The county nursing association has continued to act as a bureau for this purpose and payments were made to the association for supplying relief midwives. These arrangements have worked well on the whole, in spite of the shortage of personnel.

The success of the scheme under the Midwives Act, 1936, has been to no small extent due to the close co-operation between the health committee, the county nursing association and the district nursing associations. At the commencement of the scheme there were certain areas where no district associations existed and where difficulties were anticipated in establishing them. Arrangements were made with the county nursing association to undertake the midwifery work in these areas and to develop general nursing with a view to the establishment of district associations later. There were at the end of 1945 only three such areas in the administrative county.

The main difficulty in the scheme at its inception was the doubtful adequacy of the transport grant; but appropriate adjustments have been made in this grant, from time to time. The question of transport remains a problem solely because of the difficulty of obtaining post-war cars.

Notification of Intention to Practise.

It is the duty of every midwife who wishes to practise in the area of a local supervising authority to notify that authority, each year, of her intention to do so. There are now no "bona fide" midwives left in this county and the following statement gives the number of midwives who notified their intention to practise in the Riding in 1945 (excepting the borough of Scarborough):

No. of Midwives.	Employed as District Nurse.	Trained—Independent.	Employed as full-time domiciliary Midwives.	Employed in County Council Institutions.
183	137	25	7	14

The Minister of Health made, under section 6 of the Midwives Act, 1936, an Order which came into effect on the 1st September, 1938, prohibiting unqualified women from acting as maternity nurses for gain. Under the Defence (General) Regulations, Regulation 33, the county council, as local supervising authority, has permitted certain midwives who had surrendered their certificates under the Midwives Act, 1936, to resume practice subject to their being employed on midwifery duties by or on behalf of the county

council. The total number named in the county council's Order, renewed in August 1945 was 7 : one was employed in Thornaby-on-Tees as a relief midwife and another at the county maternity home, Northallerton, to work under the supervision of the matron, an approved midwife-teacher. The services of the remaining five were not used by the county council.

Medical Help Records.

The Central Midwives Board is empowered by statute to make rules regulating, supervising and restricting within due limits the practice of midwives. A midwife is obliged to adhere to these rules, one of the most important of which is that she must send for medical aid in all cases of illness of the patient or child, or of any abnormality occurring during pregnancy, labour or the lying-in period.

The following table shows the nature of some of the reports sent in by the county midwives, district nurse midwives and independent midwives during the year under review. The fall in the number of forms sending for medical help took place because of the appointment of a salaried part-time medical officer to the County Maternity Home, Northallerton on the 1st April, 1945.

	1939	1940	1941	1942	1943	1944	1945
Sending for medical help..	1,303	1,299	1,593	1,593	1,699	2,085	1,205
Still-births ..	39	47	62	55	39	34	45
Rise of temperature ..	29	38	36	43	41	39	29
Death of mother ..	3	1	1	3	—	2	2
Death of infant ..	25	23	29	30	24	22	14
Laying out dead body ..	40	36	42	38	39	21	25
Artificial feeding ..	75	61	73	80	60	61	60
Liability to be a source of infection ..	152	155	168	153	129	156	134

The following is a classification of the conditions which necessitated the sending for medical aid :—

During pregnancy ..	363
During labour ..	595
During lying-in period ..	134
In respect of child ..	113

When a medical practitioner is called in an emergency by a midwife, the county council are responsible for the payment of his fees in accordance with the scale prepared by the Ministry of Health. It is the duty of the council to recover from the patient the whole amount or such proportion of it as the financial circumstances of the patient may justify.

Liability to be a Source of Infection.

In accordance with the rules of the Central Midwives Board there is an obligation on a midwife to notify the local supervising authority when she is liable to be a source of infection. During the year 134 notifications were received from midwives for this reason, the majority being in respect of attendance on patients suffering from "rise of temperature" in the puerperium, scarlet fever and discharge from the eyes of infants.

Maternal Mortality.

It has been pointed out in previous reports that maternal mortality is subject to wide fluctuations and that the comparison of rates may lead to false deductions owing to the relatively small figures involved. It is perhaps advisable to keep to actual figures, although it has been the custom to assess maternal deaths as a rate per thousand total (live and still) births.

During the year the total maternal deaths numbered 14, of which 12 occurred in the county council's area for maternity and child welfare, while 2 occurred in an area autonomous for that purpose.

Of the 14 deaths, 5 were attributable to puerperal sepsis and 9 were assigned to other diseases and accidents of pregnancy; during 1944, there were 13 maternal deaths of which 3 were due to puerperal sepsis and 10 to other causes.

The rate per 1,000 total (live and still) births was 2.42, compared with 2.00 for the previous year. The rate for England and Wales was 1.79.

The usual custom has been followed of assigning a rate to maternal mortality and of giving similar rates for the various sanitary districts. It must be remembered that these rates are subject to the fallacy of small numbers so that comparison is deceptive. The distribution of maternal deaths was as follows :—

PUERPERAL SEPSIS—				OTHER PUERPERAL CAUSES—			
Eston U.D.	..	..	1	Pickering U.D.	..	..	1
*Scarborough Borough	..	..	1	Redcar Borough	..	..	2
Easingwold R.D.	..	..	1	*Scarborough Borough	..	..	1
Malton R.D.	..	..	1	Skelton & Brotton U.D.	..	..	1
Stokesley R.D.	..	..	1	Easingwold R.D.	..	..	1
			—	Stokesley R.D.	..	..	2
			5	Whitby R.D.	..	..	1
			—				—
							9
							—

* Autonomous area for maternity and child welfare.

As will be seen from the above table, the 12 cases in the county council's area are spread over the whole Riding, although it is interesting to note that 7 deaths occurred in rural districts and 5 in urban districts.

The numbers of maternal deaths in the Riding (including autonomous areas) for the past seven years are given below :—

Year	1939	1940	1941	1942	1943	1944	1945
No. of maternal deaths..	19	19	22	21	15	13	14

A special enquiry was undertaken in regard to each of the maternal deaths which occurred during the year and a report made to the Ministry of Health in respect of each such death.

County Maternity Accommodation.

During the year under review, the county council purchased Mount Pleasant, which had been used as an emergency maternity home for evacuees from London, the Hartlepoons and other evacuation areas during the war years and agreed to re-equip, modernise and redecorate it for use as a county maternity home. The re-equipment was partially completed during 1945 and the re-organisation of the heating, lighting and sewerage arrangements will be carried out as soon as practicable. Nine beds were also provided in the infirmary block at the Guisborough Institution owing to the pressure on the maternity hospital accommodation in Middlesbrough. A similar unit had been provided in Scarborough in 1943 to relieve the pressure on the bed accommodation in the maternity ward of the Scarborough Hospital. Unfortunately, owing to staffing difficulties, the accommodation provided in these units was not fully used during the year.

Maternity Hospitals.

The types of cases admitted to maternity hospitals and homes were those in which there was some condition complicating pregnancy, or some obstetrical difficulty or where the home conditions were unsuitable for the confinement. Subject to availability of beds, private cases were also admitted to the wards of the undermentioned hospitals :—

Name of Hospital.	No. of patients admitted during 1945.
Middlesbrough Municipal Maternity Home	145
York Maternity Hospital	38
Greenbank Municipal Maternity Hospital, Darlington ..	30
County Maternity Home, Mount Pleasant, Northallerton ..	273
County Maternity Home, Guisborough	53
Whitby and District War Memorial Cottage Hospital ..	5
Harrogate and District General Hospital	17
County Maternity Home, Scarborough	41
Scarborough Hospital	27
Municipal Hospital, Middlesbrough	1
Public Assistance Institution, Whitby	6
Westow Croft Maternity Home, Westow, Malton ..	22
The Maternity Hospital, Leeds	1

The total number of patients admitted under arrangements made by the county public health department amounted to 659 as compared with 745 for 1944. The comparable figure in 1938 was 133.

In addition to this hospital service, consultant obstetricians at Middlesbrough, Scarborough and York were available for consultation at the request of general practitioners at the homes of maternity patients.

Home Helps.

The Public Health Committee, during the year 1938 approved a scheme for the provision of "home helps." The function of a "home help" is to

carry out the domestic duties in the homes of the women at the time of confinement and puerperium, if satisfactory private arrangements cannot be made. If the mother is to be removed to hospital, the services of the "help" in the home may relieve her of domestic worry and enable her treatment to be continued for as long a period as may be considered desirable on medical grounds. It is difficult to organise such a scheme, particularly in a county area, as the work is irregular and it is only a particular type of person who is suitable for it. Six cases were provided with a "home help" under the official scheme during 1945.

Emergency Units.

A unit consists of an obstetric surgeon and a trained nurse and it is so organised that it can proceed at short notice to an obstetrical emergency in a patient's home. Two such teams are available but were not required during the year under review: it was possible to obtain admission to hospital of such cases as might have required this service, if they had been more remotely situated.

Notification of Puerperal Pyrexia.

By terms of the Public Health Act, 1936, which came into operation on the 1st October, 1937, the term "puerperal fever" was removed from the list of notifiable diseases and was replaced by the more comprehensive term "puerperal pyrexia."

During the year, 27 cases of puerperal pyrexia were notified; of this number, 17 were removed to hospitals: 19 were from the county council's area for maternity and child welfare.

Those admitted to hospital were received at Eston Isolation Hospital, York City General Hospital, Darlington Isolation Hospital, Scarborough Hospital and Middlesbrough Municipal Hospital.

The arrangements made by the county council provide for the services, where necessary, of a consultant obstetrician and for any bacteriological work which is found to be necessary.

The distribution of the cases was as follows:—

PUERPERAL PYREXIA.

Eston U.D. 8, Guisborough U.D. 1, Loftus U.D. 1, Redcar Borough 1, Saltburn and Marske U.D. 2, Scarborough Borough 8, Easingwold R.D. 1, Flaxton R.D. 3, Kirbymoorside R.D. 2.

Public Health (Ophthalmia Neonatorum) Amendment Regulations, 1937.

The effect of these regulations is to ensure that notification of this infection should be made at the earliest possible moment to the maternity and child welfare authority, which is responsible for the provision of treatment. Previously, notification of the disease was made primarily to the medical officer of health of the local sanitary authority, but now such notification is made direct to the medical officer of the maternity and child welfare authority; in the area for which the county council is responsible this notification is made to the county medical officer of health.

Ophthalmia neonatorum is an infection of the eyes of the newborn infant. It is defined as any purulent discharge from the eyes of an infant commencing within 21 days from the date of birth ; and, under these regulations, the duty of notifying cases is placed on the medical practitioner in attendance. If a midwife is in attendance she is obliged by the rules of the Central Midwives Board to call in a doctor where there is any eye discharge, however slight. During the year, 5 cases were reported ; treatment was provided in hospitals for 1 infant and 4 were treated at home. All the notified cases recovered completely.

Many years ago this disease was the principal cause of blindness occurring in the early years of life, but it has been brought under better control by careful attention to the infants' eyes at birth, improved ante-natal supervision of mothers, notification of the disease and modern methods of treatment.

The particulars given below show the number of notifications during the past 8 years :—

1938	1939	1940	1941	1942	1943	1944	1945
20	20	10	9	8	14	10	5

Public Health Act, 1936 (Registration of Nursing Homes).

During the year, 2 applications were granted and 3 certificates of registration were voluntarily surrendered owing to the discontinuance of the use of the premises for the purpose.

At the end of the year there were on the register particulars relating to 18 premises approved for the purpose of nursing homes. Regular visits of inspection were carried out by the authorised persons.

Infant Welfare Centres.

The provision of facilities for infant welfare work received much attention during the year and 4 new centres were established, bringing the total number at the end of the year to 49. The county council provided directly 17 centres at which weekly, fortnightly or monthly sessions were held ; this represents an increase of 3 centres over the number in 1938. In addition to the county council centres, there were 32 centres which were established and managed by voluntary committees in most cases, in association with district nursing associations.

The ideal method of supervising the pre-school child is by home visiting, but such an arrangement in the Riding would be extravagant. Infant welfare centres, therefore, help considerably in keeping a large number of children under frequent supervision. In rural districts, however, the only method of doing so is to arrange for home visits. The scheme of the county council under the Midwives Act, 1936, by helping district nursing associations, has permitted them to take on this work in the rural districts.

The Riding is now covered, not only by a midwifery service, but also by a health visiting and school nursing service.

A new welfare centre was established by the county council during the year at Saltburn.

The following is a summary of the attendances at the welfare centres :—

A. PROVIDED BY THE COUNTY COUNCIL.

The following are the particulars of the attendances at the 17 county council centres during the year :—

Total number of attendances of children under 1 year . . .	11,536	(9,894)
" " " " " 1-5 years . . .	5,083	(6,106)
Average attendance per session	37.8	(38.5)

Total number of children who attended for the first time .

Children under 1 year	..	..	..	1,341	(1,341)
Children 1-5 years	..	..	..	736	(738)

The figures in brackets are those for the previous year.

B. SUBSIDISED BY THE COUNTY COUNCIL.

The following are the particulars of the attendances at the 32 voluntary centres during the year :—

Total number of attendances of children under 1 year . .	8,976	(6,631)
" " " " , 1-5 years ..	6,980	(10,460)
Average attendance per session	33·3	(35·1)

Total number of children who attended for the first time :

Children under 1 year	..	..	..	903	(979)
Children 1-5 years	..	..	..	375	(535)

Reference was made in previous reports to the unsatisfactory nature of the premises at which some of these centres were held, and special attention was directed to those in the Eston Urban District. Both education and public health committees decided, in principle, that a new central clinic should be built in that district, and plans were prepared in 1939. The reconsideration of this project in the light of the future duties of the county council as "local health authority" under the National Health Service Act is recommended.

The work undertaken by voluntary committees, both in organising centres which they themselves administer, and in assisting at the county council's centres, is invaluable. The success of infant welfare work in the Riding is due, in large measure, to the interest and enthusiasm shown by these workers, both medical and lay. There is a very happy co-operation between them and the council's staff, without which the success of the work would be endangered.

Health Visiting.

The arrangements for health visiting in the Riding provide for a division of the work between whole-time health visitors on the council's staff and nurses employed by district nursing associations. There are 15 whole-time health visitors who undertake this work in the Cleveland area.

During the year 4,368 births were notified from the area for which the county council is the welfare authority. The births notified within the autonomous areas, namely the boroughs of Richmond, Scarborough, and Thornaby, and the urban district of Whitby, were visited by health visitors appointed by these authorities.

The following table sets out the work of the health visitors undertaken during the year, compared with 1944, the figures for which are in brackets :—

Number of births notified from areas served by county health visitors or transferred to such areas ..				4,368	(4,296)
Number of first visits				4,420	(4,624)
Number of re-visits to children under 1 year ..				16,717	(15,799)
" " " 1-2 years ..				10,178	(11,133)
" " " 2-3 years ..				9,294	(8,916)
" " " 3-4 years ..				7,043	(6,728)
" " " 4-5 years ..				5,756	(5,616)
Number of ante-natal visits (First visits) ..				1,852	(2,417)
" " " (Total visits) ..				9,705	(11,312)
Number of special visits				1,568	(1,456)
Number of stillbirths investigated				66	(64)
Number of deaths under 1 year investigated ..				85	(86)
Number of cases of ophthalmia neonatorum investigated				5	(5)

These figures show the volume of work being done under the health visiting scheme

From 1942 to the end of 1945, 8 district nurses were awarded scholarships to enable them to sit for the health visitors certificate. All candidates were successful in obtaining the certificate.

Prevention of Deafness. The Surgical Treatment of Enlarged Tonsils and Adenoids. The Treatment of Eye Defects, etc.

No alterations in the arrangements under the above headings were made. It is satisfactory to report that parents are becoming more anxious to take advantage of the facilities, consequently an increased number of children suffering from defects underwent treatment.

The following are particulars of the attendances of children at the clinics during the year :—

Eye Defects	78
Tonsils and Adenoids	2
Defective Hearing	12

Infant Life Protection.

Infant life protection was one of the functions of the old Board of Guardians transferred to the county council by the Local Government Act, 1929. The work is now undertaken by the Public Health Committee, and the following statement relates to the administration during the year of Section 206 of the Public Health Act, 1936 :—

1. NOTIFICATION.

No. of foster-parents on the register :—

(a) At commencement of year	39	(42)
(b) At end of year	29	(39)

No. of children on register :—

(a) At commencement of year	46	(48)
(b) At end of year	33	(87)

No. of children who died during the year .. Nil Nil

No. of children on whom inquests were held .. Nil Nil

2. VISITING.

No. of visitors :—

Health visitors	15	(19)
Female visitors other than health visitors ..	1	(1)
Male visitors	—	(—)

Total No. of visits made during the year .. 295 (252)

The figures in brackets are those for the previous year.

In a number of instances the proprietors of boarding schools accept into their care children who are under the age of nine years. No certificates of exemption from the duty of notification were granted during the year in respect of such boarding schools. There are 9 schools exempt from this duty in the North Riding.

The Care and Cure of Crippled Children.

The arrangements for the care and cure of crippled children were the same as outlined in previous reports.

The number of children who attended the orthopaedic clinics during the year was 235, as against 182 in the previous year. First attendances were made by 141 children as compared with 121 during 1944 ; the total number of attendances was 586.

Admissions to the Adela Shaw Orthopaedic Hospital, Kirbymoorside, were arranged in respect of 11 children under the age of 5 years. These children required treatment for crippling defects, the cause of which was not tuberculosis.

Crippling conditions in children under the age of 5 years, and where the cause is other than tuberculosis, within the boroughs of Richmond, Scarborough and Thornaby, and the urban district of Whitby, are dealt with by these authorities under their maternity and child welfare schemes.

The average duration of stay in hospital of the 11 children admitted at the instance of the Public Health Committee was 114 days.

Circular 2866 of the Ministry of Health.

During the year under review, the county council granted, on the recommendation of the North Riding Joint Committee for the Care of Illegitimate Children and their Mothers, the following sums for the purposes stated :—

- (a) a sum not exceeding £1,000 towards the equipment of a “pre and post” hostel for unmarried girls from the North Riding.

- (b) a sum not exceeding £2,000 per annum towards the upkeep and maintenance of this hostel, (subject to out-county cases being chargeable to the sending authorities) and the general work of the Diocesan Associations in the North Riding.

After many disappointments, the York Diocesan Moral Welfare Association finally secured, towards the end of 1945, with the assistance of officers of the county council, premises in Heworth, York, known as Heworth Moor House which provides accommodation for 15 girls and their babies in single or double bedrooms. In addition to the usual domestic offices, a night nursery, a chapel and a common room are available at Heworth Moor House.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES.

The number of infectious diseases notified to the local medical officers of health of the several sanitary districts during 1945 is given in table 3 on page 69.

Smallpox.

No case of smallpox was notified in the Riding during the year.

Enteric Fever.

Three cases were notified : all were treated in hospital. The borough of Scarborough and the rural districts of Malton and Whitby had one case each.

Scarlet Fever.

Cases were notified in every sanitary district ; Eston U.D. received 123 notifications : the boroughs of Redcar, Scarborough, Thornaby, the urban district of Skelton and Brotton and the rural districts of Flaxton, Leyburn, Stokesley also received an appreciable number. The total for the Riding was 713 as against 667 for 1944, 1,092 in 1938 and 1,002 in 1937.

Diphtheria.

Notifications were received in respect of 161 cases as compared with 219 in 1944, 366 in 1943, and 309 in 1938. The largest numbers of cases occurred in Eston U.D., Loftus U.D. and the borough of Thornaby.

Cerebro-Spinal Fever.

Fourteen notifications were received in 1945 as against 17 in the previous year. The distribution of cases is shown in the table : the case mortality of this disease has been much reduced by chemotherapy *e.g.* the use of sulphathiazole and penicillin.

Ophthalmia Neonatorum.

Five notifications were received : two of the babies were removed to hospital. All made a good recovery and there was no loss of sight.

Puerperal Pyrexia.

There were 27 notifications : 17 patients were treated in hospital and one was treated at home under the advice of a consultant obstetrician. Five patients died from puerperal fever and post-abortive sepsis during the year under review.

Dysentery.

Eight cases were reported, two from Easingwold R.D. ; one each from the borough of Scarborough and the rural districts of Aysgarth, Flaxton, Reeth, Stokesley and Whitby.

Encephalitis Lethargica.

No notification was received during the year.

Anterior Poliomyelitis.

Four notifications were received, three from Kirbymoorside R.D. and one from Scarborough borough. Two cases were treated in hospital and two at home.

Measles.

The total number of measles cases notified during the year numbered 4,591 and there were 6 deaths. 26 schools out of a total of 335 primary schools were closed because of this epidemic prevalence. Fortunately, few cases were complicated by broncho-pneumonia or by ophthalmia.

The death rate from this disease and other notifiable diseases is shown in table 4 on page 70.

VENEREAL DISEASES.

During 1945 the following official centres were available in the Riding or its immediate vicinity for the diagnosis of suspected venereal disease and for the treatment, without cost to the patient, of syphilis, gonorrhoea and soft chancre :—

Darlington. Health Department, Greenbank, Darlington.

MALES. Tuesdays 10-12 noon ; Tuesdays and Fridays 5-30 to 7 p.m.

FEMALES. Mondays, Tuesdays and Fridays 2 to 4 p.m.

Harrogate. Harrogate and District General Hospital.

MALES. Tuesdays 5 to 7 p.m.

FEMALES. Thursdays 5 to 7 p.m. ; Tuesdays 2 to 4 p.m.

Leeds. General Infirmary.

MALES. Monday to Saturday (inclusive) 10 a.m. to 12 noon ; Mondays Wednesdays and Fridays 2 to 4 p.m. and 5 to 7 p.m. ; Tuesdays 2 to 3 p.m.

FEMALES. Mondays 2 to 3 p.m. ; Thursdays 2 to 3 p.m., and 5-30 to 7 p.m.

CHILDREN 5 years and over. Tuesdays 5-30 to 7 p.m. ; Under 5 years, Fridays 2 to 3 p.m.

Middlesbrough. General Hospital, Ayrson Green Lane.

MALES. Mondays, Wednesdays and Fridays, 9-30 a.m. and 5-30 p.m.

FEMALES AND CHILDREN. Tuesdays and Thursdays 5-30 p.m.

Scarborough. New Hospital, Scalby Road.

MALES. Tuesdays 4-30 to 6 p.m. ; Fridays 7 to 8-30 p.m.

FEMALES. Mondays 4-30 to 6 p.m. ; Fridays 9-30 to 11 a.m.

Stockton-on-Tees. Stockton and Thornaby Hospital.

MALES. Tuesdays and Fridays 5 p.m.

FEMALES. Tuesdays and Fridays 2 p.m.

York County Hospital.

MALES. Mondays 3 to 4 p.m. ; Thursdays 6 to 7 p.m. ; Fridays 7-30 to 8-30 p.m.

FEMALES AND CHILDREN. Wednesdays 3 to 4 p.m. ; Fridays 7 to 7-30 p.m.

In-patient treatment was available at the hospitals already named above and at the Hope Hospital, Leeds. At the latter hospital, female patients who are homeless or who cannot be treated as out-patients are accommodated : this category included single girls who were pregnant and infected with venereal disease. This useful provision was of value in the rehabilitation of such unmarried mothers as well as providing medical attention for the venereal infection of the patients and their unborn babies.

The following table sets out the number of new cases attending the various special centres for diagnosis and treatment during the seven years named :—

	Disease.	Year.						
		1939	1940	1941	1942	1943	1944	1945
A.—Number of North Riding patients attending for the first time.	Syphilis ..	50	42	61	56	49	81	73
	Gonorrhoea ..	136	135	144	119	120	136	167
	Soft Chancre ..	1	1	1	..	3	2	4
	Conditions other than venereal	235	215	250	157	242	260	328
	Total ..	422	393	456	332	414	479	572
B.—Total number of attendances		14385	11112	9860	9012	8900	9620	9159

Details of the work of the individual clinics as far as the treatment of North Riding patients is concerned are given in the following summary :—

	Year	York County Hospital	Leeds General Infirmary	Darling- ton General Hospital	Stockton and Thor- naby Hospital	Scarbro' Hospital	Middles- brough General Hospital	Harro- gate District General Hospital
Number of North Rid- ing patients treated for the first time.	1939	28	2	44	114	179	53	2
	1940	18	..	33	68	222	50	2
	1941	27	..	32	61	288	46	2
	1942	34	1	32	76	131	44	14
	1943	41	1	43	81	148	97	3
	1944	55	..	52	74	192	104	2
	1945	49	4	61	71	195	181	11
Total num- ber of attendances of North Riding Patients	1939	683	58	927	2,347	9,054	1,295	21
	1940	829	51	560	1,844	6,433	1,391	4
	1941	820	29	579	1,302	6,371	751	8
	1942	541	46	480	1,542	4,195	835	1,373
	1943	501	44	442	1,460	5,210	1,227	17
	1944	692	46	455	1,300	5,581	1,507	39
	1945	708	50	531	1,023	4,716	1,965	166

In addition, the scheme for the treatment of uncomplicated cases of venereal disease by certain approved general practitioners was continued during 1945 and the number of cases treated in the years 1943, 1944 and 1945 is shown below :—

	Disease.	1943	1944	1945
Civilians attending for the first time during the year.	Syphilis	14	16	7
	Gonorrhoea ..	7	14	10
	Non-Venereal con- ditions.	13	63	46
Service cases attending for the first time during the year.	Syphilis	2	5	..
	Gonorrhoea ..	..	..	..
	Non-venereal con- ditions.	1	..	..
	Total attendances ..	439	652	363

Regulation 3³B.

This regulation provides for notification to the county medical officer of contacts of clinical cases of venereal disease and where a person is named

as the source of infection by two patients independently, compulsory examination can be arranged. Any person so named who fails to attend for examination or fails to continue treatment as long as necessary can be prosecuted.

Only three persons were notified by two patients and in each case the contact was found and persuaded to undergo examination and treatment. No prosecutions were undertaken.

In addition, 58 persons were notified by individual patients (single notifications) and in every case where the particulars supplied were adequate, an attempt was made by the health visitors to trace the contacts. Compulsory steps were not possible in such cases but out of the 33 contacts who were traced, 25 were persuaded to have a medical examination and treatment if the latter proved to be necessary.

BLIND PERSONS ACT, 1920—1938.

The county council is the statutory authority in the Riding for the operation of these Acts and on the council's register of blind persons there were 784 names on the 31st December, 1945. All these persons have been examined by an ophthalmic surgeon before inclusion in the register, either at an eye clinic or at home and have been certified to be so blind as to be unable to perform work for which eyesight is essential.

The register of blind persons is kept up to date with the assistance of the voluntary organisations, the Cleveland and South Durham Institute for the Blind, Middlesbrough and the Yorkshire School for the Blind, York. There are six home visitor-teachers on the staff of the public health committee to whom all the powers of the county council have been delegated. In the northern and north-western areas, four home visitors are seconded to the Cleveland and South Durham Institute for their day-to-day instructions but in the southern and eastern areas, two visitors work under the direct instructions of the county medical officer. The non-statutory welfare of the blind is carried out in the northern area by the Cleveland and South Durham Institute and in the southern sector by a voluntary committee affiliated with the National Institute for the Blind. The committee membership includes two members of the county council, a representative each from the Yorkshire School for the Blind and the Whitby Trust. In the Scarborough area, there is a separate voluntary society which is registered under the Blind Persons Acts.

The county council's scheme for domiciliary assistance to unemployable blind persons was revised twice during the year 1945 and at the end of the year was :—

	s.	d.
For single blind persons with no dependents ..	35	0 per week.
For blind persons with dependent sighted wife ..	46	6 „
For married man and wife both blind ..	54	6 „
For two unmarried blind persons residing in the same house (each)	27	9 „

The following statistics show the position at the end of the year under review.

No. of blind persons named in the register	784
--	-----

No. of children ascertained to be "blind" within the meaning of the Handicapped Pupils and School Health Service Regulations made under the Education Act, 1944	..	..	..	..	17
No. of blind persons in workshops—					
(a) under training	..	..	..	..	10
(b) employed as craftsmen	..	..	..	..	13
					— 23
No. of approved home workers	..	..	..	..	23
No. of unemployable blind persons receiving grants at 31st December, 1945	..	..	..	..	440

Difficulties were experienced during the year in connection with the employment of blind persons who had been trained at the cost of the county council as local education authority, because the governing body of the Cleveland and South Durham Institute declined to employ more blind persons in their workshops. It is important that some attempt be made to solve the problem of providing additional workshop accommodation for the blind, so that instead of living and working in isolation without sympathetic supervision and help in selling the results of his craftsmanship, the blind worker may have companionship, guidance and recreational amusement suitable for his disability.

TUBERCULOSIS.

New Cases.

The number of notifications of all forms of tuberculosis in 1945 was 260, a decrease of 58 from the previous year when there were 318 new notifications.

Comparing these figures with those of 1940 there is an increase in the number of notifications for the year under review but they show a decrease when compared with the position in 1936.

The following table shows the number of new cases notified during the past ten years.

TABLE I.

Year.	Total.	Pulmonary.	Non-Pulmonary.
1936	297	190	107
1937	306	210	96
1938	307	187	120
1939	208	131	77
1940	194	123	71
1941	194	129	65
1942	238	154	84
1943	275	167	108
1944	318	210	108
1945	260	164	96

The age and sex distribution of these new notifications show that the age period 15-35 accounts for the major number of new female pulmonary cases, the greater proportion of new male pulmonary cases coming a decade later at the age period 25-45 ; the deaths from the disease being at a maximum for both sexes between 25 and 35.

Table II which follows, shows the number of primary notifications of new cases of tuberculosis, distinguishing pulmonary from non-pulmonary cases and giving age and sex groupings.

TABLE II.

Age-Periods.	Formal Notification.											
	Number of Primary Notifications of new cases of tuberculosis.											
	0-	1-	5-	10-	15-	20-	25-	35-	45-	55-	65-	Total (all ages).
Pulmonary—												
Males ..	1	1	1	—	8	7	19	18	13	15	2	85
Females ..	—	2	2	2	15	12	21	14	7	4	—	79
Non-Pulmonary—												
Males ..	1	13	10	7	3	1	3	2	2	2	3	47
Females ..	3	6	13	7	2	9	6	—	1	2	—	49

The following Table III. gives the age and sex distribution of new cases notified and deaths during the year.

TABLE III.

AGE-Periods.	NEW CASES NOTIFIED.				DEATHS.			
	Pulmonary.		Non-Pulmonary		Pulmonary.		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0-	1	—	1	3	1	—	1	1
1-	1	2	13	6	—	—	5	6
5-	1	4	17	20	—	1	7	5
15-	34	48	7	17	47	41	12	4
35-	46	25	6	3	28	12	1	1
65-	2	—	3	—	6	2	3	1
TOTAL ..	85	79	47	49	82	56	29	18

The distribution of new cases in districts with comparative figures for the five previous years are given in Table IV.

TABLE IV.

District.	1940		1941		1942		1943		1944		1945	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
URBAN DISTRICTS.												
1. Eston ..	18	3	20	13	19	12	29	16	21	7	17	12
2. Guisborough ..	8	1	5	4	7	3	10	2	3	2	4	2
3. Loftus ..	1	4	4	—	4	3	3	5	2	2	1	3
4. Malton ..	—	—	—	—	—	—	—	1	—	—	—	—
5. Northallerton ..	—	—	2	4	2	4	1	3	5	9	2	—
6. Pickering ..	3	—	2	—	2	—	—	—	3	—	3	—
7. Redcar ..	13	8	24	3	14	7	20	8	25	7	13	6
8. Richmond ..	4	1	1	1	—	—	4	4	—	—	—	—
9. Saltburn ..	3	1	—	3	8	10	3	6	1	4	7	—
10. Scalby ..	—	—	1	—	1	—	1	—	1	—	—	—
11. Scarborough ..	7	1	13	—	25	4	20	6	51	9	26	11
12. Skelton & Brotton	10	5	1	3	10	5	7	3	10	17	6	12
13. Thornaby-on-Tees	5	1	—	—	8	3	15	13	18	8	18	10
14. Whitby ..	7	5	5	6	11	6	3	9	9	2	7	4
Total Urban	79	30	78	37	111	57	116	76	149	67	104	60
RURAL DISTRICTS.												
1. Aysgarth ..	1	2	2	—	2	1	1	1	1	1	2	—
2. Bedale ..	1	2	3	1	1	—	3	4	2	5	2	—
3. Croft ..	—	—	—	—	—	—	1	—	—	—	—	—
4. Easingwold ..	5	3	4	3	3	1	1	1	4	2	4	2
5. Flaxton ..	8	11	12	5	8	6	18	5	21	8	18	7
6. Helmsley ..	—	1	1	—	1	—	—	1	—	—	1	—
7. Kirbymoorside	1	1	6	—	—	1	—	2	2	3	3	3
8. Leyburn ..	3	3	—	—	1	2	2	—	5	3	3	1
9. Malton ..	—	—	—	—	—	—	1	—	1	1	1	—
10. Masham ..	—	—	—	—	—	—	—	—	—	—	—	—
11. Northallerton ..	2	2	3	7	1	2	—	2	4	2	1	2
12. Pickering ..	—	1	2	—	2	1	4	1	—	2	1	1
13. Reeth ..	—	1	—	—	1	—	—	1	—	—	3	3
14. Richmond ..	3	—	2	—	—	—	5	6	2	2	—	—
15. Scarborough ..	—	—	3	1	1	—	—	—	3	1	1	—
16. Startforth ..	3	1	1	—	2	—	1	—	—	—	—	1
17. Stokesley ..	8	4	3	6	11	5	3	2	4	4	10	4
18. Thirsk ..	4	5	2	2	5	2	2	1	5	—	5	4
19. Wath ..	—	—	—	1	—	—	—	—	1	—	—	1
20. Whitby ..	5	4	7	2	4	6	9	5	6	7	5	7
Total Rural ..	44	41	51	28	43	27	51	32	61	41	60	36
Administrative County	123	71	129	65	154	84	167	108	210	108	164	96

The figures for new notifications of pulmonary cases show a marked reduction in some districts notably Scarborough borough and Redcar borough where the new notifications of pulmonary cases are 50% of the 1944 figures.

Deaths and Death Rates.

The total number of deaths from all forms of tuberculosis showed an increase as compared with the previous year. There were 185 deaths from tuberculosis of all forms *i.e.* 29 more than in 1944.

The death rate from pulmonary tuberculosis was the same as in 1936 and from non-pulmonary tuberculosis approached the 1937 and 1938 levels.

Table V. below shows the mortality from pulmonary and non-pulmonary tuberculosis over the past five years and gives the corresponding figures for England and Wales.

As regards pulmonary tuberculosis, the death rate was steadily declining before the war and in 1939 it had reached $\cdot 33$ per 1,000 population, the lowest ever recorded in the county. A sharp increase was expected as a result of wartime conditions and the rate did, in fact, increase to $\cdot 38$ in 1940 and $\cdot 43$ in 1941. This adverse trend appeared to be arrested in 1942 and it was disappointing to record an increase again to the 1936 level. As the figures for England and Wales do not show similar behaviour it is probable that no special significance need be attached to the local increase and a decided fall in 1946 can be expected.

It will be noted that the non-pulmonary death rate has shown little change over the past five years and is lagging behind the rate for the country as a whole, which has steadily declined.

TABLE V.

Deaths from Pulmonary Tuberculosis.

	1941	1942	1943	1944	1945
No. of deaths	142	128	113	120	138
Rate per 1,000 population ..	0.43	0.40	0.36	0.38	0.44

Deaths from Non-pulmonary Tuberculosis.

	1941	1942	1943	1944	1945
No. of deaths	47	33	44	36	47
Rate per 1,000 population ..	0.14	0.10	0.14	0.11	0.15

The death rates in England and Wales were :—

Pulmonary Tuberculosis ..	·641	·542	·557	·524	·519
Non-pulmonary Tuberculosis..	·127	·115	·111	·103	·100

Dispensaries.

(i) ARRANGEMENTS FOR SESSIONS.

These are set out in the following table :—

TABLE VI.

TUBERCULOSIS DISPENSARY.	ADDRESS.	DAY OF SESSION.	HOURS OF SESSION.	MEDICAL OFFICER.
Northallerton ..	The Rutson Hospital ..	Wednesday	2 p.m.	Dr. A. Cubie.
Redcar ..	8, Station Road ..	Wednesday	1-30 p.m.	Dr. J. J. Thomson
Scarborough ..	Out-Patient Department, Scarborough Hospital.	Friday	1-30 p.m.	Dr. A. Cubie.
Skelton-in-Cleveland	South Terrace ..	Tuesday	10 a.m.	Dr. A. Cubie.
South Bank ..	33, Nelson Street ..	Thursday	11 a.m. & 2 p.m.	Dr. J. J. Thomson.
Thornaby-on-Tees ..	George Street ..	Tuesday	11 a.m. & 2 p.m.	Dr. J. J. Thomson.
Whitby ..	Grape Lane ..	First & third Thursday in each month.	11 a.m.	Dr. A. Cubie.
York ..	11, Castlegate ..	Second & fourth Thursday in each month.	10 a.m.	Dr. A. Cubie.

Dr. C. R. Gibson's appointment as part-time tuberculosis officer for the Cleveland area terminated in January, 1945, and for the remainder of the year the dispensary sessions were attended by the whole-time tuberculosis officers.

At the request of the local practitioners, a dispensary was established in Redcar and weekly sessions were held with Dr. J. J. Thomson in attendance.

(ii) WORK DONE AT DISPENSARIES.

Table VII. is a tabulated record of the work undertaken in the dispensaries during the year 1945.

TABLE VII.

	Pulmonary.				Non-Pulmonary.				Total.				Grand Total.
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—													
1. Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the year.	359	257	22	21	61	70	155	153	420	327	177	174	1098
2. Transfers from Authorities of areas outside the county ..	13	11	—	—	1	2	2	—	14	13	2	—	29
3. “Lost sight of” cases returned during the year ..	—	—	—	—	—	—	—	—	—	—	—	—	—
B.—Number of NEW CASES diagnosed as tuberculous during the year—													
(1) Class T.B. minus ..	32	21	—	2	—	—	—	—	32	21	—	2	55
(2) Class T.B. plus ..	53	29	2	—	—	—	—	—	53	29	2	—	84
(3) Non-Pulmonary ..	—	—	—	—	12	21	24	18	12	21	24	18	75
C.—Number of cases included in A. and B. written off the Dispensary Register during the year as —													
(1) Recovered ..	11	13	1	1	7	7	18	24	18	20	19	25	82
(2) Dead (all causes) ..	47	28	4	1	5	—	2	—	52	28	6	1	87
(3) Removed to other areas	20	16	—	—	2	1	1	3	22	17	1	3	43
(4) For other reasons ..	24	25	2	2	4	11	5	10	28	36	7	12	83
D.—Number of definite cases of Tuberculosis on the Dispensary Register at the end of the year ..	355	236	17	19	56	74	155	134	411	310	172	153	1046

Examination of contacts formed an important part of the dispensary work for the year and every endeavour was made to secure the attendance of those who had been in close contact with a patient suffering from pulmonary tuberculosis. In the case of children, relatives were encouraged to bring them to the dispensary for periodic examination and the health visitors played an important part in persuading them to do so.

The general medical practitioners were encouraged to regard the dispensaries as diagnostic centres for diseases of the chest and in the case of persons suffering from non-tuberculous pulmonary conditions who required investigation or treatment at the thoracic surgery unit, the tuberculosis

officers were able to arrange admission to hospital under the Cancer Act scheme or the committee's arrangements under Section 181 of the Public Health Act, 1936. In this way the maximum benefit to patient and practitioner was obtained from the specialist facilities of the tuberculosis service.

(iii) X-RAY EXAMINATIONS.

There were 1,497 cases examined radiologically in connection with dispensary work. It is interesting to note the growth of this work. In 1935, 45 cases were examined radiologically and in 1941, 592.

The portable X-ray apparatus at Mowbray Grange Sanatorium accounted for 176 of these X-ray examinations as well as doing a very large number of screenings.

(iv) LABORATORY EXAMINATIONS.

Examinations of sputum were undertaken at the North Riding Laboratory, Scarborough, and at the Emergency Public Health Laboratory, established by the Medical Research Council at the County Hall Northallerton.

(v) DIAGNOSIS AND TREATMENT.

The facilities for diagnosis offered by the dispensary service remained unaltered. There is a need for the dispensaries to have readily available facilities for X-ray work so that the patient, especially if he is working, does not need to make two attendances on different days for clinical and radiological examination respectively. At the Scarborough, York and Northallerton dispensaries it has been possible to arrange this.

As regards treatment, it is still, unfortunately, the case that waiting lists for admission to sanatoria continue to be necessary, as they are elsewhere in the country. To enable the benefits of active treatment to be had by those suitable for it, priority was given to this class of patient but even so there was considerable delay before their admission could be secured.

It is an unsatisfactory state of affairs that the advantages afforded by the diagnostic facilities of the tuberculosis service should be to a large extent nullified by the acute shortage of nurses and domestic staff in the sanatoria and hospitals.

The provision of institutional accommodation for pulmonary cases in the Riding is still most unsatisfactory and the war years have aggravated matters, making it necessary for further deferment of schemes for improvement of a situation which the public health committee view with concern.

The facilities for minor and major thoracic surgery at Shotley Bridge Emergency Hospital have again been utilised, 12 patients being referred there during the year; here, too, increasing difficulty in having patients admitted quickly has been experienced.

The need for suitable arrangements for patients undergoing artificial pneumothorax treatment has, in part, been met by the establishment of two weekly clinics held at Mowbray Grange Sanatorium, Bedale, on Wednesdays at 10 a.m. and at the Scarborough Hospital out-patient department on Fridays at 10-30 a.m., screening facilities being available at both centres. Arrangements with York City General Hospital provided similar facilities for artificial pneumothorax treatment for patients in the York area.

(vi) RESIDENTIAL TREATMENT.

The following table shows the admissions of adult pulmonary cases to the various sanatoria.

TABLE VIII.

Adults—Pulmonary Cases.

	Wensleydale Sanatorium,	Aysgarth.	Fairfield Sanatorium, York.	Mowbray Grange, Bedale.	Stanhope Sanatorium, Co. Durham.	Middlesbro' General Hospital.	Shotley Bridge E.M.S. Hospital.	Winterton E.M.S. Hospital.	York City General Hospital.	Scotton Banks Sanatorium.	Middleton-in-Wharfedale Sanatorium.	Frimley Sanatorium.	Midhurst Sanatorium.	Cotswold Sanatorium.	Brompton Hospital, London.	TOTALS.	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
A.—under treatment on 1st Jan., 1945 :—																	
1. Ex-service pensioners ..	—	—	—	2	7	1	1	—	—	—	—	—	—	—	1	10	2
2. Other Adults ..	11	—	2	12	8	2	1	4	—	—	—	—	1	—	—	26	17
B.—Admitted during 1945 .—																	
1. Ex-service pensioners ..	—	—	1	—	3	2	3	1	1	—	1	—	—	—	—	22	8
2. Other Adults ..	14	—	6	37	30	23	5	3	1	—	—	1	—	—	—	79	42
Total ..	25	—	9	54	58	28	10	8	1	1	2	—	1	1	1	137	69

(a) Adults Pulmonary Cases.

A total of 206 patients received sanatorium treatment compared with 247 in 1944.

Deaths in institutions during the year amounted to 18. Average duration of residence was 10 weeks 2 days.

127 patients were discharged, the average duration of residence for these being 30 weeks 3 days.

The principal sanatoria used for adult pulmonary cases were Mowbray Grange Sanatorium, Bedale, and Horn Hall Sanatorium, Stanhope. The latter was increasingly used during the year for adult male pulmonary cases. Male patients were also admitted to the Wensleydale Sanatorium, Aysgarth.

At Mowbray Grange Sanatorium, the number of women admitted during the year was 40, a decrease from the previous year when 58 patients were admitted. This was due to the difficulty of obtaining domestic and nursing staff and meant that instead of 30 beds being always available at the sanatorium, the average number of occupied beds was 16.1. The position showed no signs of improvement at the end of the year under review.

The number of patients discharged was 30 and there were 4 deaths in the sanatorium during the year.

(b) Adults—Non-pulmonary.

Patients were admitted to the following hospitals :—

YORK COUNTY HOSPITAL.

6 patients were admitted (5 males and 1 female). 5 patients were discharged after a period of treatment of 3 weeks 2 days.

SHROPSHIRE ORTHOPAEDIC HOSPITAL.

3 patients were admitted and were discharged during the year. The average duration of treatment was 5 weeks 3 days.

(c) Children—All forms except bone and joint cases.**CHILDREN'S SANATORIUM, THORNTON LODGE.**

20 children were admitted to the sanatorium during the year, 13 boys and 7 girls.

The number of discharges during the year was 26, 11 boys and 15 girls.

Staffing difficulties made it impossible at this sanatorium to have the total number of beds available always occupied. The average number of beds occupied was 31 out of a total of 40.

(d) Children—Bone and Joint Cases.

Facilities for examination and diagnosis were available at the following orthopaedic clinics at which 145 attendances of patients were made.

Carlin How	..	School Clinic, Wesley Terrace.
Kirbymoorside	..	Adela Shaw Orthopaedic Hospital, Kirbymoorside.
Malton	..	Friends' Meeting House.
Northallerton	..	Zion Schoolroom, High Street.
Redcar	..	School Clinic, 5, Turner Street, Coatham.
Richmond	..	Infant Welfare Centre, Quaker Lane.
Scarborough	..	Scarborough Hospital.
South Bank	..	School Clinic, 33, Nelson Street.
Thornaby	..	School Clinic, George Street.
York	..	School Clinic, Piccadilly.

During the year 52 children were treated at the Adela Shaw Orthopaedic Hospital, Kirbymoorside. 28 were discharged before the end of the year.

The average duration of residence in hospital was 47 weeks 2 days.

4 adults were treated in the hospital, the average duration of stay being 21 weeks 6 days.

Supervision and after-care of the patients were carried out at the clinics above mentioned.

Visits were made to the homes of children if these were at some distance from the clinics.

Domiciliary Treatment.

The tuberculosis officers kept in touch with the private medical practitioners who provided any domiciliary treatment required.

Where supervision by the tuberculosis officers could not conveniently be undertaken at the dispensaries, the patients were visited at their homes.

Shelters.

Open air shelters were provided during the year for patients at Cotharstone, Croft, Farlington, Hovingham, Huntington, Pickering, Redcar, Scorton and Yarm-on-Tees.

Ultra-Violet Light Therapy.

In all 32 patients received ultra-violet light, involving 2,248 attendances.

Of these attendances 561 were at the clinic held twice weekly at Mowbray Grange Sanatorium, Bedale.

Surgical Appliances.

In necessitous cases appliances were provided.

Extra Nourishment.

This was distributed by the tuberculosis officers to patients in need of it and mainly took the form of free milk or an issue of cod liver oil and malt. This provision of extra nourishment does much at the present time to ensure an adequate diet for the patient.

Care Committee.

Towards the end of 1944 a care committee was set up by the Scarborough Council of Social Welfare at the invitation of the county council to undertake social welfare work for the patients attending the dispensary at the Scarborough Hospital and their families. This committee continued to function throughout the year under review and made a valuable contribution to the welfare of the families concerned. Being affiliated to the National Association for the Prevention of Tuberculosis, the care committee were able to participate in the Christmas seals sale and their resources were augmented by a grant from the county council of £50 on establishment and an annual contribution at the rate of £1 per head in respect of persons on the dispensary register on 1st January.

As a care committee is an ancillary to the official organisation of the tuberculosis service it deals chiefly with the families referred to it by the tuberculosis officer or the almoner and being a voluntary body it depends

for its existence on local interest and enthusiasm. Its functions are difficult to define exactly but it is primarily concerned with assisting and advising a family on the social and economic adjustments which a diagnosis of tuberculosis renders necessary. In carrying out these duties the committee must have regard to the statutory functions of the county council as tuberculosis authority and as public assistance authority and must be careful not to take on responsibility which properly belongs to the county council. In particular it is important that financial assistance to patients shall be only rarely given and regular grants over a period should not be made.

In Scarborough it was fortunate that there was in existence a Council of Social Welfare with great experience in this type of work as it formed the nucleus of a care committee. In other dispensary areas there are as yet no care committees but if sufficient local interest and initiative arises in any of them the full support of the tuberculosis authority is assured.

Allowances under Memo. 266/T.

The scheme for providing financial assistance to certain categories of patients as outlined in Memo 266/T of the Ministry of Health continued to be administered by the committee during 1945. The scheme was initiated in July, 1943, and by the end of the year under review, maintenance allowances had been granted to 104 applicants at an average weekly cost to the Exchequer of £60. The payment of allowances without a means test was intended to induce patients suffering from pulmonary tuberculosis, particularly those who were discovered in the course of mass radiography surveys, to undertake early treatment and so become fit for work again as soon as possible. Persons suffering from non-pulmonary tuberculosis or pulmonary tuberculosis with an unfavourable prognosis were not eligible for allowances—an anomaly without justification on medical or public health grounds but arising from the emergency nature of the Treasury grant which financed the scheme.

The financial provisions of Memo 266/T constitute a step in the right direction, however small and faltering, towards alleviating the economic disaster which a diagnosis of tuberculosis in the breadwinner of the family so often entails.

The investigation associated with claims for financial assistance under the above arrangements formed part of the work of the almoner appointed in January 1944 to the tuberculosis service and during 1945 she made 223 visits to the homes of patients for this purpose.

Home Nursing of Tuberculous Cases.

To assist in the domiciliary treatment of cases of tuberculosis financial assistance was given to the various nursing associations when the need arose.

Public Health Act, 1936, Section 172.

No action was taken under this section to effect the compulsory removal to hospital of any person suffering from pulmonary tuberculosis, during the year.

TABLE 1.

Number of Births in each District during 1945.

DISTRICT.	Estimated population for birth-rate, 1945.	Total Live Births.	Illegiti- mate Live Births.	Birth- rate per 1,000 popu- lation.	Excess of Births over Deaths. (Natural increase)	Natural Increase per 1,000 popu- lation.
A.—URBAN.						
1. Eston	29,150	580	59	19.9	242	8.3
2. Guisborough	7,813	139	8	17.8	34	4.4
3. Loftus	6,694	137	8	20.5	57	8.5
4. Malton	3,796	57	12	15.0	8	2.1
5. Northallerton	4,485	90	14	20.1	25	5.6
6. Pickering	3,808	53	8	13.9	3	.8
7. Redcar	24,120	438	38	18.2	126	5.2
8. Richmond	5,774	94	12	16.3	34	5.9
9. Saltburn and Marske	6,519	135	12	20.7	38	5.8
10. Scalby	4,722	74	6	15.7	-6	..
11. Scarborough	37,630	556	86	14.8	-82	..
12. Skelton and Brotton	12,130	239	7	19.7	64	5.3
13. Thornaby-on-Tees	20,780	402	28	19.3	154	7.4
14. Whitby	9,699	190	25	19.6	26	2.7
Total Urban	177,120	3,184	323	18.0	723	4.1
B.—RURAL.						
1. Aysgarth	3,423	36	3	10.50	-18	..
2. Bedale	6,433	112	14	17.4	30	4.7
3. Croft	1,988	32	..	16.1	3	1.5
4. Easingwold	9,225	166	20	18.0	29	3.1
5. Flaxton	15,320	318	29	20.8	151	9.9
6. Helmsley	4,975	83	12	16.7	22	4.4
7. Kirbymoorside	4,362	84	14	19.3	23	5.3
8. Leyburn	6,019	98	11	16.3	21	3.5
9. Malton	5,514	88	6	16.0	29	5.3
10. Masham	1,898	28	2	14.8	-8	..
11. Northallerton	7,620	143	10	18.8	54	7.1
12. Pickering	5,275	73	7	13.8	..	..
13. Reeth	2,032	21	4	10.3	-13	..
14. Richmond	11,960	303	32	25.3	185	15.5
15. Scarborough	6,670	91	7	13.6	-12	..
16. Startforth	4,050	77	2	19.0	29	7.2
17. Stokesley	15,910	265	17	16.7	67	4.2
18. Thirsk	11,570	186	20	16.1	28	2.4
19. Wath	1,936	40	6	20.7	17	8.8
20. Whitby	11,120	182	8	16.4	15	1.3
Total Rural	137,300	2,426	224	17.7	652	4.7
Administrative County	314,420	5,610	547	17.8	1,375	4.4

TABLE 2.

Number of Deaths in each District during 1945.

DISTRICT.	Estimated population for death-rate, 1945.	Total deaths.	Death-rate per 1,000 population.	Deaths under 1 year.	Total infantile mortality per 1,000 live births.	Illegitimate children, deaths under 1 year.	Illegitimate children, deaths under 1 year per 1,000 illegitimate live births.
A.—URBAN.							
1. Eston	29,150	338	11.6	39	67.2	6	101.7
2. Guisborough ..	7,813	105	13.4	6	43.2	..	..
3. Loftus ..	6,694	80	12.0	5	36.5	..	..
4. Malton ..	3,796	49	12.3	1	17.5	..	..
5. Northallerton ..	4,485	65	14.5	3	33.3	..	..
6. Pickering ..	3,808	50	13.1	1	18.9	..	..
7. Redcar ..	24,120	312	12.9	24	54.8	4	105.3
8. Richmond ..	5,774	60	10.4	5	53.2	2	166.7
9. Saltburn and Marske	6,519	97	14.9	6	44.4	..	..
10. Scalby ..	4,722	80	16.9	2	27.0	..	..
11. Scarborough ..	37,630	638	17.0	30	54.0	5	58.1
12. Skelton & Brotton ..	12,130	175	14.4	14	58.6	..	..
13. Thornaby-on-Tees ..	20,780	248	11.9	33	82.1	1	35.7
14. Whitby ..	9,699	164	16.9	8	42.1	2	80.0
Total Urban ..	177,120	2,461	13.9	177	55.6	20	61.9
B.—RURAL.							
1. Aysgarth ..	3,423	54	15.8	..	..	..	..
2. Bedale ..	6,433	82	12.7	4	35.7	1	71.4
3. Croft ..	1,988	29	14.6	3	93.8	..	..
4. Easingwold ..	9,225	137	14.9	10	60.2	..	..
5. Flaxton ..	15,320	167	10.9	12	37.7	2	69.0
6. Helmsley ..	4,975	61	12.3	8	96.4	1	83.3
7. Kirbymoorside ..	4,362	61	14.0	6	71.4	2	142.9
8. Leyburn ..	6,019	77	12.8	6	61.2	1	90.9
9. Malton ..	5,514	59	10.7	3	34.1	..	..
10. Masham ..	1,898	36	19.0	6	214.3	2	1000.0
11. Northallerton ..	7,620	89	11.7	5	35.0	..	..
12. Pickering ..	5,275	73	13.8	2	27.4	..	..
13. Reeth ..	2,032	34	16.7	1	47.6	..	..
14. Richmond ..	11,960	118	9.9	16	52.8	1	31.3
15. Scarborough ..	6,670	103	15.4	5	54.9	..	..
16. Startforth ..	4,050	48	11.9	7	90.9	..	..
17. Stokesley ..	15,910	198	12.4	15	56.6	..	..
18. Thirsk ..	11,570	158	13.7	11	59.1	1	50.0
19. Wath ..	1,936	23	11.9	2	50.0	..	..
20. Whitby ..	11,120	167	15.0	10	54.9	..	..
Total Rural ..	137,300	1,774	12.9	132	54.4	11	49.1
Administrative County ..	314,420	4,235	13.5	309	55.1	31	56.7

TABLE 3.

Notification of Infectious Disease in 1945, as given in the weekly returns rendered by Medical Officers of Health. (Civilians Only.)

DISTRICT.	Smallpox.	Scarlet Fever.	Diphtheria.	Enteric Fever, includes Typhoid & Paratyphoid.	Pneumonia.	Cholera.	Plague.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polio-encephalitis	Encephalitis Lethargica.	Typhus Fever.	Undulant Fever.	Trench Fever.	Dysentery.	Ophthalmia Neonatorum.	Erysipelas.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles.	Whooping Cough.	Anthrax.	Puerperal Pyrexia.
A.—URBAN.																								
1. Eston ..	123	24	..	11	..	..	3	..	..	..	..	..	..	..	..	..	5	..	..	..	160	40	..	8
2. Guisborough ..	24	15	..	12	..	..	..	..	..	..	..	..	..	..	..	..	5	..	..	..	130	17	..	1
3. Loftus ..	23	20	..	8	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	85	12	..	1
4. Malton ..	3	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	46	13	..	..
5. Northallerton ..	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	35	..	..	..
6. Pickering ..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	60	3	..	..
7. Redcar ..	39	16	..	11	..	..	2	..	..	..	..	..	..	..	..	..	4	..	..	..	558	38	..	1
8. Richmond ..	12	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	4	..	..	..	149	4	..	..
9. Saltburn & Marske ..	8	5	..	2	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	98	20	..	2
10. Scalby ..	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10	9	..	..
11. Scarborough ..	57	..	1	4	..	..	..	1	..	..	..	..	..	..	1	..	1	..	..	..	272	31	..	8
12. Skelton & Brotton ..	42	6	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	73	3	..	..
13. Thornaby-on-Tees ..	107	24	..	33	..	..	..	..	..	..	..	..	..	..	..	2	7	..	..	..	229	9	..	..
14. Whitby ..	9	..	..	5	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	254	97	..	..
Total Urban ..	469	111	1	91	..	..	6	1	..	..	..	..	..	..	1	4	31	..	..	..	2159	296	..	21
1944 ..	366	148	..	196	..	..	12	2	1	..	..	..	..	..	2	7	54	..	..	30	640	100	..	35
B.—RURAL.																								
1. Aysgarth ..	3	1	..	3	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	148	62	..	..
2. Bedale ..	10	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	69	20	..	..
3. Croft ..	7	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	29	..	..	..	..
4. Easingwold ..	21	4	..	8	..	..	1	..	..	..	..	..	..	..	2	..	9	..	16	277	11	..	1	
5. Flaxton ..	28	7	..	5	..	..	..	..	..	..	..	..	..	..	1	..	7	..	2	126	47	..	3	
6. Helmsley ..	11	3	..	16	..	..	..	..	..	..	..	..	..	..	..	..	4	..	2	433	31	..	..	
7. Kirbymoorside ..	4	3	..	2	..	..	3	..	..	..	..	..	..	..	..	..	2	..	..	101	11	..	2	
8. Leyburn ..	25	1	..	6	..	..	2	..	..	..	..	..	..	..	..	..	..	..	2	299	3	..	..	
9. Malton ..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	170	16	..	..	
10. Masham ..	5	2	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	58	3	..	..	
11. Northallerton ..	8	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	29	..	..	..	
12. Pickering ..	6	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	29	2	..	..	
13. Reeth ..	2	1	..	8	..	..	1	..	..	..	..	..	..	..	1	..	3	..	..	14	80	..	..	
14. Richmond ..	17	7	..	2	..	..	3	..	..	..	..	..	..	..	..	..	..	..	2	154	12	..	..	
15. Scarborough ..	11	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	38	17	..	..	
16. Startforth ..	19	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	57	20	..	..	
17. Stokesley ..	33	8	..	13	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	117	5	..	..	
18. Thirsk ..	13	5	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	28	..	..	..	
19. Wath ..	2	1	..	4	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	20	..	..	..	
20. Whitby ..	18	..	1	7	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	236	59	..	..	
Total Rural ..	244	50	2	85	..	..	8	3	..	..	..	..	..	..	7	1	31	..	28	2432	399	..	6	
1944 ..	301	71	2	102	..	..	5	5	..	..	..	..	1	..	19	3	25	..	5	90	392	329	..	13
Administrative County ..	713	161	3	176	..	..	14	4	..	..	..	..	..	..	8	5	62	..	28	4591	695	..	27	
1944 ..	667	219	2	298	..	..	17	7	1	..	..	..	1	..	21	10	79	..	5	120	1032	429	..	48

TABLE 4.

Number of Deaths from Infectious Diseases in each District during 1945.

DISTRICT.	Scarlet Fever.		Diphtheria.		Typhoid and Paratyphoid Fever.		Small-pox.		Measles.		Whooping cough.		Diarrhoea under 2 years.	
	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 births.
A.—URBAN.														
1. Eston ..	..	..	..	..	..	..	..	..	1	·03	..	..	5	8·62
2. Guisborough ..	..	..	..	..	..	..	..	..	..	..	..	..	1	7·19
3. Loftus ..	..	..	3	·45	..	..	..	..	..	..	1	·15	..	..
4. Malton ..	..	..	..	..	..	..	..	..	..	..	..	..	1	17·54
5. Northallerton ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Pickering ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
7. Redcar ..	..	..	1	·04	..	..	..	..	1	·04	..	..	5	11·42
8. Richmond ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
9. Saltburn and Marske ..	..	..	..	..	..	..	..	..	..	..	..	..	1	7·41
10. Scalby ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Scarborough ..	..	..	..	..	..	..	..	..	..	..	..	..	2	3·60
12. Skelton and Brotton ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Thornaby-on-Tees ..	..	..	1	·05	..	..	..	..	..	..	..	..	2	4·98
14. Whitby ..	..	..	..	..	..	..	..	..	..	..	..	..	1	5·26
Total Urban ..	..	..	5	·03	..	..	..	..	2	·01	1	·005	18	5·65
B.—RURAL.														
1. Aysgarth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Bedale ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Croft ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Easingwold ..	..	..	..	..	..	..	..	..	..	..	..	..	2	12·05
5. Flaxton ..	..	..	..	..	..	..	..	..	..	..	..	..	3	9·43
6. Helmsley ..	..	..	..	..	..	..	..	..	1	·20	..	..	..	..
7. Kirbymoorside ..	..	..	..	..	..	..	..	..	..	..	..	..	1	11·90
8. Leyburn ..	..	..	..	..	..	..	..	..	..	..	..	..	1	10·20
9. Malton ..	..	..	..	..	..	..	..	..	1	·18	..	..	..	..
10. Masham ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11. Northallerton ..	..	..	1	·13	..	..	..	..	..	..	..	..	..	..
12. Pickering ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13. Reeth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14. Richmond ..	..	..	1	·08	..	..	..	..	1	·08	..	..	..	..
15. Scarborough ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16. Startforth ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17. Stokesley ..	..	..	..	..	..	..	..	..	..	..	1	·06	2	7·55
18. Thirsk ..	..	..	..	..	..	..	..	..	1	·09	..	..	..	..
19. Wath ..	..	..	..	..	..	..	..	..	..	..	..	..	1	25·00
20. Whitby ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total Rural ..	..	..	2	·01	..	..	..	..	4	·03	1	·007	10	4·12
Administrative County ..	..	..	7	·02	..	..	..	..	6	·02	2	·006	28	4·99

TABLE 5.
Number of Deaths from certain Diseases in each District during 1945.

DISTRICT.	Pulmonary Tuberculosis.				Other Tuberculosis.				All Tuberculosis.				Influenza.		Pneumonia.		Bronchitis and other respiratory diseases.		Cancer.	
	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
A.—URBAN																				
1. Eston	17	18	94.4	.62	12	7	171.4	.24	29	25	116.0	.86	2	.07	15	.51	30	1.03	54	1.85
2. Guisborough	4	3	133.3	.38	2	..	..	..	6	3	200.0	.38	3	.38	4	.51	14	1.79	6	.77
3. Loftus	1	3	33.3	.45	3	2	150.0	.30	4	5	80.0	.75	..	..	8	1.20	3	.45	12	1.79
4. Malton	..	1	..	.26	..	..	..	..	..	1	..	.26	..	..	1	.26	3	.79	13	3.42
5. Northallerton	2	1	200.0	.22	..	..	..	..	2	1	200.0	.22	..	..	..	..	9	2.01	9	2.01
6. Pickering	3	3	100.0	.79	..	..	..	..	3	3	100.0	.79	..	..	1	.26	6	1.58	4	1.05
7. Redcar	13	7	185.7	.29	6	6	100.0	.25	19	13	146.2	.54	4	.17	14	.58	15	.62	53	2.20
8. Richmond	..	3	..	.52	..	1	..	.17	..	4	..	.69	..	..	3	.52	7	1.21	9	1.56
9. Saltburn and Marske	7	3	233.3	.46	..	..	..	..	7	3	233.3	.46	..	..	5	.77	5	.77	15	2.30
10. Scalby	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	.42	3	.64	19	4.02
11. Scarborough	26	24	108.3	.64	11	6	183.3	.16	37	30	123.3	.80	..	..	20	.53	30	.80	82	2.18
12. Skelton and Brotton	6	2	300.0	.16	12	3	400.0	.25	18	5	360.0	.41	2	.16	7	.58	16	1.32	26	2.14
13. Thornaby-on-Tees	18	7	257.1	.34	10	4	250.0	.19	28	11	254.5	.53	1	.05	18	.87	27	1.30	29	1.40
14. Whitby	7	6	116.7	.62	4	..	..	..	11	6	183.3	.62	..	..	3	.31	7	.72	21	2.17
Total Urban	104	81	128.4	.46	60	29	206.9	.16	164	110	149.1	.62	12	.07	101	.57	175	.99	352	1.99

1.	B.—RURAL.	...	2	4	50.0	1.17	...	2	4	50.0	1.17	1	.29	..	..	..	.62	1	.29	13	3.80
2.	Aysgarth	...	2	4	50.0	.62	...	2	4	50.0	.62	..	..	..	..	..	1.01	3	.47	8	1.24
3.	Bedale	...	..	1	..	.50	..	..	1	..	.50	..	.50	..	..	..	.43	..	..	2	1.01
4.	Croft	...	..	3	133.3	.33	..	6	7	85.7	.76	..	..	..	..	..	.52	7	.76	19	2.06
5.	Easingwold	...	18	8	225.0	.52	7	25	11	227.3	.72	..	..	..	..	..	.40	12	.78	27	1.76
6.	Flaxton	...	1	2	50.0	.40	3	1	3	33.3	.60	1	.20	..	..	..	.23	1	.20	13	2.61
7.	Helmsley	...	3	1	300.0	.23	..	6	1	600.0	.23	1	.23	..	..	..	.17	2	.46	10	2.29
8.	Kirbymoorside	...	3	6	50.0	1.00	1	4	8	50.0	1.33	1	.17	..	..	..	.18	4	.66	11	1.83
9.	Leyburn	...	1	1	100.0	.18	..	1	1	100.0	.18	..	..	..	..	..	.53	3	.54	4	.73
10.	Malton	...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.66	1	.53	7	3.69
11.	Masham	...	..	5	20.0	.66	..	3	5	60.0	.66	..	..	..	..	..	.57	5	.66	7	.92
12.	Northallerton	...	1	1	100.0	.19	1	2	1	200.0	.19	..	..	..	..	..	.3	3	.57	14	2.65
13.	Pickering	...	3	1	300.0	.49	3	6	1	600.0	.49	..	..	..	..	..	..	2	.98	3	1.23
14.	Reeth	...	..	4	..	.33	..	..	6	..	.50	1	.08	..	..	..	.33	6	.50	14	1.17
15.	Richmond	...	1	1	100.0	.15	..	1	3	33.3	.45	..	..	..	..	..	.15	5	.75	12	1.80
16.	Scarborough	...	..	1	..	.25	1	1	1	100.0	.25	..	..	..	..	..	.25	1	.25	7	1.73
17.	Startforth	...	10	5	200.0	.31	4	14	5	280.0	.31	2	.13	..	..	..	.57	13	.82	30	1.89
18.	Stokesley	...	5	4	125.0	.35	4	9	7	128.6	.61	..	..	..	..	..	.43	6	.52	7	.61
19.	Thirsk	...	..	1	..	.52	1	1	1	100.0	.52	..	..	..	..	..	.52	..	..	3	1.55
20.	Wath	...	..	4	125.0	.36	7	12	5	240.0	.45	1	.09	..	..	..	.18	17	1.53	30	2.70
	Whitby	...	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Total Rural	..	60	57	105.3	.42	36	96	75	128.0	.55	9	.07	55	.40	92	.67	241	1.76		
	Administrative County	..	164	138	118.8	.44	96	260	185	140.5	.59	21	.07	156	.50	267	.85	593	1.89		

TABLE 6.

Number of Deaths from Infectious Diseases in each District during 1945.

DISTRICT.	Puerperal and post-abortive sepsis.		Other maternal causes.		Congenital malformations, birth injury, premature birth, infantile disease.	
	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.
A.—URBAN.						
1. Eston	1	1.72	..	..	19	32.76
2. Guisborough	..	..	..	..	3	21.58
3. Loftus	..	..	..	..	2	14.60
4. Malton	..	..	..	..	..	..
5. Northallerton	..	..	..	..	2	22.22
6. Pickering	..	..	1	18.87	..	..
7. Redcar	..	..	2	4.57	14	31.96
8. Richmond	..	..	..	..	2	21.28
9. Saltburn and Marske ..	..	..	..	..	1	7.41
10. Scalby	..	..	..	..	2	27.03
11. Scarborough	1	1.80	1	1.80	16	28.78
12. Skelton and Brotton ..	..	..	1	4.18	9	37.66
13. Thornaby-on-Tees	..	..	..	..	13	32.34
14. Whitby	..	..	..	..	7	36.84
Total Urban ..	2	.63	5	1.57	90	28.27
B.—RURAL.						
1. Aysgarth	..	..	..	..	..	..
2. Bedale	..	..	..	..	2	17.86
3. Croft	..	..	..	..	1	31.25
4. Easingwold	1	6.02	1	6.02	5	30.12
5. Flaxton	..	..	..	..	6	18.87
6. Helmsley	..	..	..	..	4	48.19
7. Kirbymoorside	..	..	..	..	3	35.71
8. Leyburn	..	..	..	..	4	40.82
9. Malton	1	11.36	..	..	2	22.73
10. Masham	..	..	..	..	4	142.86
11. Northallerton	..	..	..	..	4	27.97
12. Pickering	..	..	..	..	3	41.10
13. Reeth	..	..	..	..	1	47.62
14. Richmond	..	..	..	..	12	39.60
15. Scarborough	..	..	..	..	..	..
16. Startforth	..	..	..	..	7	90.91
17. Stokesley	1	3.77	2	7.55	8	30.19
18. Thirsk	..	..	..	..	9	48.39
19. Wath	..	..	..	..	1	25.00
20. Whitby	..	..	1	5.49	10	54.95
Total Rural ..	3	1.24	4	1.65	86	35.45
Administrative County ..	5	.89	9	1.60	176	31.37

TABLE 7.—DEATHS, with their causes, in each District during 1945.

[illegible]



